

Alabama Medicaid Agency



AMMIS Interactive Services Website User Manual

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**HP Enterprise Services
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1. Document Control

The latest version of this document is stored electronically. Any printed copy has to be considered an uncontrolled copy.

1.1 Document Information Page

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08/28/2014	13.0	M. Spear	Application of CO 11876	Add section 14.6 Forms panel

1.3 Related documentation

Document	Description	url

2. Introduction

2.1 Interactive Services Website User Manual Overview

The AMMIS has several functional areas that perform specific operations for the Alabama Medicaid users. This user manual is designed to cover the information necessary to perform the tasks associated with the Interactive Services website.

This manual covers the following:

- Interactive Services Website Overview
- Interactive Services Website System Navigation
- System Wide Common Terminology and Layouts
- Interactive Services Website Pages/Panels
- Help

2.2 Interactive Services Website User Manual Objective

The purpose of the AMMIS Interactive Services Website User Manual is to provide Alabama Medicaid users with detailed descriptions of the online system, including pages/panels field descriptions, pages/panels functionality descriptions and graphical representations of pages/panels.

3. Interactive Services Website Overview

3.1 Introduction to the Interactive Services Website

The Interactive Services website allows providers to verify Alabama Medicaid recipient eligibility, claim status, and to upload and download claim files.

The website has been developed by HP Enterprise Services (HPES) and is offered at no cost to Alabama Medicaid providers. This site is available 24-hours a day, seven days a week, excluding time for scheduled maintenance. Through the use of online user friendly forms, a provider is able to inquire on recipient eligibility, claim status, prior authorization requests and household inquiries. A provider is also able to enter and submit claims, including online voids and adjustments and prior authorization requests.

3.2 Audience

The information described in this document is designed for use by recipients, providers, clerks, and billing agents participating in the Alabama Medicaid program.

3.3 Purpose

This document provides the user with the necessary steps to log on to the website, navigate the website, verify eligibility and claims status, upload and download files, seek assistance for technical issues, and logoff the website.

3.4 Applications

The Interactive Services website provides the user with a choice of applications. The primary application is the Eligibility Verification application where Alabama Medicaid recipient eligibility can be verified. A second application is the Claim Status Inquiry. Using this application allows providers to check on the status of adjudicated claims. The third application available is the uploading and downloading of batch files.

3.5 Supporting Documentation

Readers of this document may find it useful to consult the *Alabama Medicaid Provider Manual* to completely understand the policy behind the billing procedures of the Alabama Medicaid program. To receive a CD-ROM containing the *Alabama Medicaid Provider Manual*, contact HPES Provider Assistance Center at 1 (800) 688-7989 or download a copy of the manual from the Alabama Medicaid homepage at <http://www.medicaid.alabama.gov/>.

3.6 Content Changes

Readers of this document should note that this is a living document and is subject to change at any time based on functionality changes within the website.

4. Interactive Services Website Navigation

4.1 Web Browser Setup

Workstations must be minimally equipped with Internet Explorer (IE) version 6.0, and is also compatible with IE7, and IE8.

Please refer to the websites for Internet Explorer (www.microsoft.com) for additional information on downloading the versions available.

NOTE:

Please refer to the browser installation information to find out the appropriate personal computer recommendations and configurations. The AOL browser does not work well with this Web application.

4.1.1 Navigation Buttons

Do not select the previous/back or following/forward website navigation buttons in the toolbar if the website navigation button offers a selection for “next” or “previous” screen. If you use the navigation or windows buttons instead of those provided by the application, you may risk losing work in progress.

4.1.2 Screen Display Features

The AMMIS is designed to display within Web browser pages that fit on a computer (PC) desktop with a minimum screen resolution of 1024 x 768 pixels and preferred screen resolution of 1400 X 1050 pixels. However, in order to fit large system objects such as panels and pages into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

4.1.3 To Set System Text Size

To set system text size, perform the following steps:

Step	Action	Response
1	Log into the Interactive Service website.	Home page displays.
2	Select View from browser toolbar.	View menu displays.
3	Point to Text Size and click Smaller .	Default text size is set to medium. After the user selects smaller, the system objects will appear smaller.

4.2 Web Address

The address to access the Interactive Services website is:

<https://www.medicaid.alabamaservices.org/ALPortal>

4.3 Users

4.3.1 User Roles

Interactive Services website users fall into one of four distinct and secure user roles:

- Guests
- Providers
- Clerks
- Trading Partners

The following table describes what features each user can access in the Interactive Services website based on user role:

Feature	Guests	Providers	Clerks*	Trading Partners
Home	✓	✓	✓	✓
Site Settings	✓	✓	✓	✓
Information	✓	✓	✓	✓
AL Links	✓	✓	✓	✓
Contact Us	✓	✓	✓	✓
Provider Search	✓	✓	✓	✓
Patient 1 st	✓	✓	✓	✓
Account	✓	✓	✓	✓
Account Setup	✓			
Account Maintenance		✓	✓	✓
Clerk Maintenance		✓		
Change Password		✓	✓	✓
Messages		✓	✓	✓
Switch Provider			✓	
Logoff		✓	✓	✓
Reset Password	✓			
Secure Site	✓	✓	✓	✓
Claims		✓	✓	
Search		✓	✓	
Dental		✓	✓	
Institutional		✓	✓	
Pharmacy		✓	✓	
Professional		✓	✓	
Eligibility		✓	✓	

Feature	Guests	Providers	Clerks*	Trading Partners
Eligibility Verification		✓	✓	
HouseHold Inquiry		✓	✓	
Trade Files		✓	✓	✓
Download		✓	✓	✓
Upload				✓
Prior Authorization		✓	✓	
Search		✓	✓	
New		✓	✓	
Providers		✓		

* Access privileges determined by permissions granted by Provider.

4.3.2 User IDs and Passwords

Providers who use the Interactive Services website must have a valid user ID and password to access the system. Billing provider IDs, with an active contract, will be issued a Personal Identification Number (PIN) in the form of a letter. Refer to section 9.1 *Account Setup* for instructions related to setting up a provider account based on the information received in the Provider PIN letter. An active provider account will be able to access the interactive features noted in the above section, 3.4.1 *User Roles*.

Along with the Provider Electronic Solutions software, providers should receive a letter from HPES issuing a web Personal Identification Number (PIN) which permits a user to create a Trading Partner user ID and password on the Interactive Services website. A Trading Partner web user ID will be restricted to the upload and download features as noted in the above section, 3.4.1 *User Roles*. If a Trading Partner PIN letter has not been received, contact the Electronic Media Claims (EMC) Helpdesk at 1 (800) 456-1242, to request a copy. This form is also readily available on the Interactive Services web site mentioned in section 3.3, by navigating to Information then AL Links.

- Providers that use the Provider Electronic Solutions Software or vendor-based software to submit claims to Alabama Medicaid will be required to request a new Trading Partner ID. Once the ID has been issued, refer to section 9.1 *Account Setup* for instructions related to setting up a Trading Partner account based on the information received in the Trading Partner PIN letter. To request a new Trading Partner ID, navigate to the Information then AL Links page on the new Interactive Services web site, mentioned in section 3.3, where this form resides. Otherwise contact the Electronic Media Claims (EMC) Helpdesk at 1 (800) 456-1242, to request a copy.

NOTE:

To update the Provider Electronic Solutions software with the new user ID and password, click on Tools > Options within the Provider Electronic Solutions software. Select the Batch Tab. Enter the Login ID, from the letter, into the Trading Partner ID field, then enter the new Trading Partner web user ID and password in the corresponding fields displayed based on the User Name and Password created on the Account Setup page.

Resetting Passwords

When users initially log in to the website, an option displays allowing a user to set up two security questions and answers that can be used to create a new password in the event the password is forgotten.

4.4 Application Lists

The following features are available through the website:

This option...	Does this...
Home	Displays the Home page and allows users to access the Site Settings panel.
Information	Displays the Information page and allows users to access the Software and Documentation via Hyperlinks as well as Contact information.
Account	Displays the Account page and allows users to set up or maintain account information, such as passwords and messages. Users can access the secure site from this location, as well as logoff the Interactive Services website.
Claims	Displays the Claims page and allows users to search for or submit dental, institutional, professional, crossover, pharmacy or compound drug claims.
Eligibility	Displays the Eligibility page and allows users to verify eligibility or conduct a HouseHold inquiry.
Trade Files	Displays the Trade Files page and allows users to download or upload Health Insurance Portability and Accountability Act (HIPAA) compliant files.
Prior Authorization	Displays the Prior Authorization page and allows users to search for or submit prior authorization requests.
Providers	Displays the Providers page.

4.5 Login Page Rules

The rules for the Login page are listed below:

- After six invalid password attempts in succession the user's status is changed to a "locked" status. After 10 minutes, the user's account is automatically unlocked, after which the user may again attempt six invalid password attempts in succession before the account is once again "locked". If the user is unable to recall their web password and security answers, they must call the EMC Helpdesk at 1(800) 456-1242 and identify themselves through a security process. The EMC Helpdesk associate resets the user's account by issuing a new PIN, which is sent to the caller's address by mail. Once the new PIN is received, the caller is required to once again setup their account.
- All users will be required to change their password every 30 days. The system prompts the user to change their password.

- After a user changes the password, there is no restriction to the number of times the password can be changed during the 30-day forced change.
- When the web session becomes inactive for an amount of time, the web session “times out” and all unsaved information is destroyed. A message appears requiring the user to “log on” again, creating a new session.

4.6 Connecting Through an Internet Service Provider (ISP)

Users must successfully log in to the Interactive Services website in order to utilize the services available within the secure portal.

Follow the steps below to log in to the website using an Internet Service Provider:

Step	Action	Response
1	Click Internet Explorer located on your workstation.	Internet Explorer launches.
2	Enter https://www.medicaid.alabamaservices.org/ALPortal ; press Enter key on your keyboard.	Home page of the Interactive Services website displays.

Connecting through Remote Access Server (RAS) is an option created by the Provider Electronic Solutions Software. Remote access is the ability to obtain access to a computer or a network from a remote distance. This section provides steps to log in to the Web Server through RAS when an Internet Service Provider (ISP) is not available.

This method requires users to be minimally equipped with Internet Explorer version 6.0 and a dial-up modem. If your system does not currently support these options please contact your computer administrator to have it set up on your computer.

NOTE:

Before beginning this process, you should have followed the instructions outlined in section 2.5.2 Web Tab of the *Provider Electronic Solutions Manual*. If you have not, please refer to the instructions to setup your connection method through a modem. Follow the instructions described in the “Install RAS” and the “Dialup Network” fields.

Follow the steps below to log in to the website using a RAS:

Step	Action	Response
1	Select the <Start> menu option located at the bottom left corner of your computer screen.	The Start Menu displays.
2	Windows 2000 Users: Select Settings > Control Panel > Network and Dial-Up Connections. Open the “AL RAS” option. Windows XP Users: Select Control Panel > Network Connections. Open the “AL RAS” option.	Connect AL RAS screen displays. Note: Do not modify the User name or Password. The default information must be present. If information has been changed or deleted, contact the EMC Helpdesk to obtain the User name or Password.
3	Click Properties , and then select the Networking tab.	
4	Highlight Internet Protocol (TCP/IP) and click Properties .	

Step	Action	Response
5	Click Obtain DNS server address automatically .	
6	Click OK to save your changes, and then click OK to exit the Networking tab.	
7	Click Dial to continue to connect through RAS.	A connection is established with Alabama Medicaid.
8	Click Internet Explorer located on your workstation.	Internet Explorer launches. Note: If you have a default home page within your browser a message may appear that it was unable to connect. Ignore this message.
9	In the browser address bar, enter https://www.medicaid.alabamaservices.org/ALPortal ; and then press Enter key on your keyboard.	The Home page of the Interactive Services website displays.

4.7 Login

4.7.1 Login Panel Narrative

The Login panel, accessible via the Secure Site link, allows users to login to the secure Interactive Services website.

Navigation Path: [Account] – [Secure Site]

4.7.2 Login Panel Layout

4.7.3 Login Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
login	This button logs the user into the secure site.	Button	N/A	0
reset password	This button redirects the user to the Reset Password page.	Button	N/A	0
setup account	This button redirects the user to the Account Setup page.	Button	N/A	0
Password	Displays the password of the account user in the form of dots for security purposes.	Field	Character	30
User Name	Displays the Login ID of the user.	Field	Alphanumeric	20

NOTE:

A new PIN letter issuing a new password was mailed to all providers. Users must have a new password to use this application.

4.7.4 Login Panel Field Edit Error Codes

Field	Error Message	To Correct
Password	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your password has expired. Please change your password.	Enter a new password.
	We are sorry but the user name or password is incorrect. Please try again.	Enter a password that is between 6 to 30 characters in length.
User Name	We are sorry but you are not authorized to access this web site. If you believe this is incorrect please contact the help desk.	The account has been reset. Setup the account once the new Personal Identification Number (PIN) has been received or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.
	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your account has been locked out due to invalid password attempts. Please contact the system administrator to have it unlocked.	Account Locked. Wait 10 minutes and the account will be automatically unlocked or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.

4.7.5 Login Panel Extra Features

Field	Field Type
No extra features found for this panel.	

4.7.6 Login Panel Accessibility

4.7.6.1 To Access the Login Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Secure Site .	Login panel opens.

4.7.6.2 To Add on the Login Panel

Step	Action	Response
1	Enter User Name .	
2	Enter Password .	
3	Click login .	Providers page displays for Provider users. Messages page displays for Clerks and Billing Agents.

4.7.6.3 To Update on the Login Panel

Step	Action	Response
1	Click setup account .	Account Setup panel displays.
2	Click reset password .	Reset Password panel displays.

5. System Wide Common Terminology and Layouts

The following section identifies common system terminology and features, and an associated screen capture or design layout where applicable. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the novice user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists, and help desk staff when discussing or, more importantly, documenting aspects of the system.

Below is a partial list of common terms described within this document:

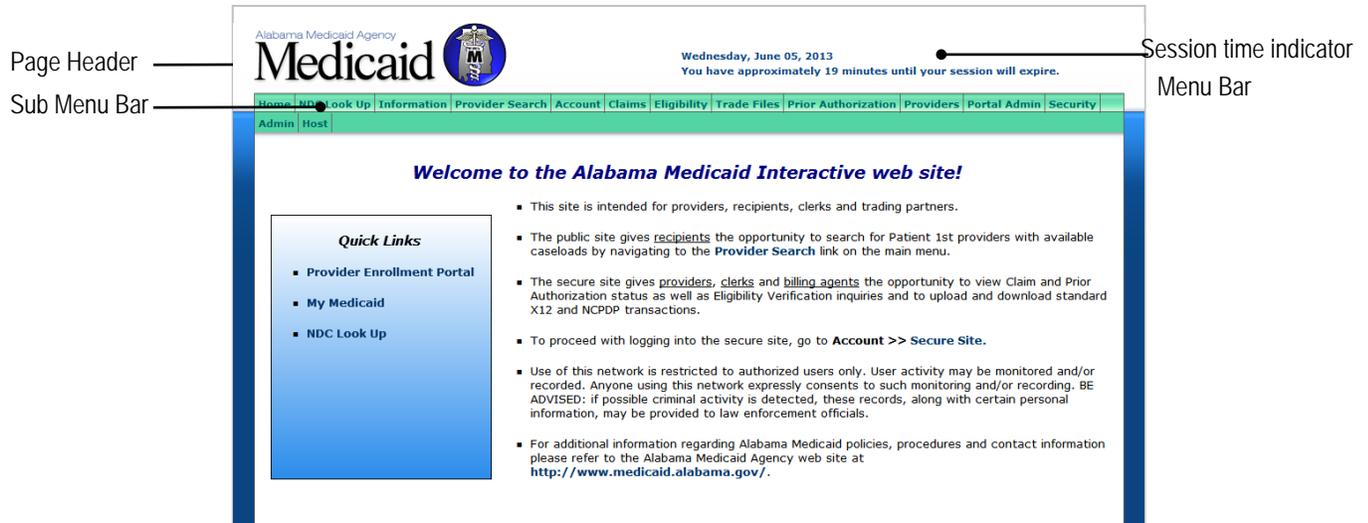
- Page
- Page Header
- Main Menu
- Sub Menu
- Search Panel
- Data List Panel
- Mini Search Panel
- Pop Up Search Panel
- Panel

5.1 Page Layout

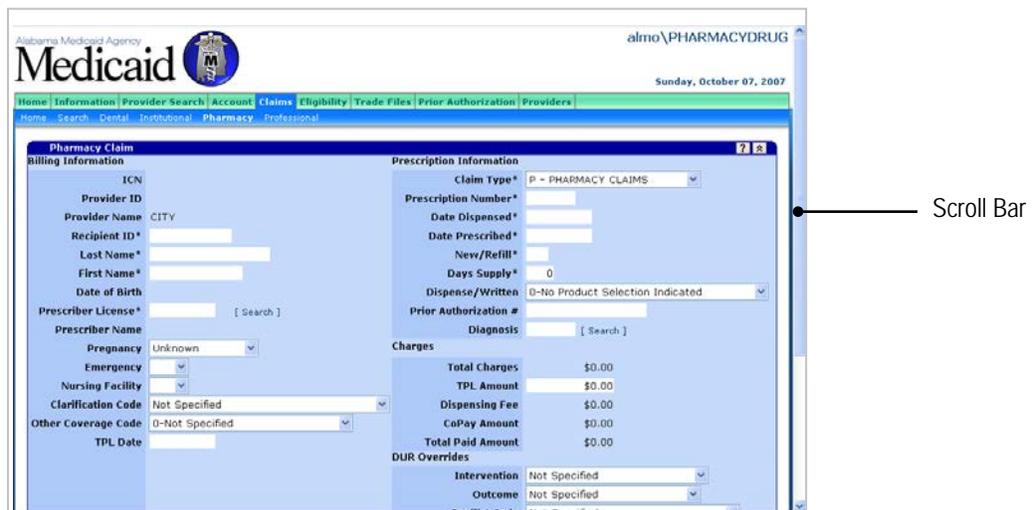
A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed a Main Menu bar, a Sub Menu bar, and any associated panels.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

Beneath the Main Menu bar is the Sub Menu bar of horizontal links that open an associated page within the system. The Sub Menu bar appears in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.



In general, when navigating a page, the vertical scroll bar is the only scroll bar needed to view panels stacked in a vertical manner.



If a user attempts to add, update, or delete information within the page, then tries to navigate away from the page without saving or cancelling the changes, the system prompts the user with a pop-up window message. When the system generates the message, the detail panels are locked open and navigation away from the page is not permitted until changes are either correctly saved or cancelled.



5.2 Search Options

There are several search options available within the AMMIS Interactive Services website, including search panels, data list panels, mini search panels and pop up search panels.

5.2.1 Search Panels

Search panels let users enter any combination of search criteria. Clicking **search** displays subsequent search results (if any) in the corresponding search results panel.

Claim Search: 009910161 MCD ? ⏏

ICN <input type="text"/>	Rendering Provider ID <input type="text"/> [Search]	
Recipient ID <input type="text"/> [Search]	Claim Type <input type="text"/>	
Recipient Name <input type="text"/>	Status <input type="text"/>	
TCN <input type="text"/>	Date Paid <input type="text"/>	
FDOS <input type="text"/>	<input type="checkbox"/> Show Non-remitted Claims Only	<input type="button" value="search"/>
TDOS <input type="text"/>	Records <input type="text" value="20"/>	<input type="button" value="clear"/>

Search Results

ICN	Recipient ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2211066200021	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	\$100.00	\$0.00
2211066200023	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	\$100.00	\$0.00
2211066200022	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	\$100.00	\$0.70
2211066200024	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	\$100.00	\$0.70
2211098200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$165.00	\$0.00
2211098200005	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$165.00	\$0.00
2211098200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$250.00	\$0.00
2211098200015	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$320.00	\$0.00
221110200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/21/2011	\$365.00	\$0.00
2211094200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/07/2011	\$250.00	\$0.00
5111098201001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	\$250.00	\$141.00
2211098200002	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	\$165.00	\$0.00
5111098562001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	\$165.00	\$41.00
2211098200014	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	\$165.00	\$0.00
5111098222001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	\$165.00	\$36.00
221110200003	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/21/2011	\$165.00	\$0.00
511110131001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/21/2011	\$165.00	\$43.00
2211207000002	000000000000	03/07/2011	03/27/2011	PROFESSIONAL XOVER CLAIMS	ADJUSTED	07/28/2011	\$293.00	\$0.00

Claim Count: 18
Total Paid: \$262.40

5.2.2 Data List Panels

Data List can be sorted in ascending  or descending  order by clicking the column name in the panel which contains multiple rows. All rows are resorted, not just the rows displayed on the current page.

In some cases, if the user clicks once on a row, the associated information displays in the corresponding panel on the same page. In other cases for search related panels, the associated information displays in a corresponding panel on another page. In the following figure, the user clicks the first row of the Detail panel and detailed information displays at the bottom of the panel.

Detail				
Item	Status	NDC Code	Quantity	Allowed Amount
1	PAID	62175-0118-37	30.000	\$61.00

Item		Type changes below.		
Item	1	NDC Code*	62175011837	[Search]
Detail Status	PAID	Charges*	\$61.00	
Quantity*	30.000	Allowed Amount	\$61.00	

5.2.3 Mini Search

After the user has viewed at least one search result in an information panel, another search can be completed by using the primary search fields within the Mini Search panel located above the information panel containing the search results.

Mini Search panels contain one or two primary search fields related to the business process.

Next search by:	Name	<input type="text"/>	Description	<input type="text"/>	<input type="button" value="search"/>	<input type="button" value="clear"/>
-----------------	------	----------------------	-------------	----------------------	---------------------------------------	--------------------------------------

5.2.4 Pop Up Search

A Pop Up Search allows the user to search for field data without leaving the page. By clicking on the [Search] link, the user accesses the search panel that is associated with that particular field.

Operating Physician		[Close]
Search		
Provider ID *	<input type="text"/>	
Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip, 4	<input type="text"/>	<input type="text"/>
		<input type="button" value="search"/> <input type="button" value="clear"/>

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

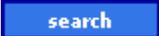
All of the Pop Up Search panels are described in detail in Chapter 14.

5.3 Panel Layout

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

5.3.1 Panel Type and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on one or more types of panels:

Name	Icon	Description
Add Button		Inserts a new data record.
Cancel Button		Cancels all changes applied to all panels on the page.
Clear Button		Clears all data applied to a panel.
Close	[Close]	Closes a pop up search panel.
Delete Button		Deletes a selected data record.
Help Button		Opens a window that displays the panel help page.
Maximize Button		Expands a panel to display all of its content.
Minimize Button		Collapses a panel.
Next Button		Progresses from one panel to the next.
Previous Button		Progresses from one panel to the previous.
Save Button		Saves all changes to all panels on the page.
Search	[Search]	Performs search based on criteria entered and displays search results within the pop up search panel. Selecting the desired result returned populates the main panel with the corresponding data.
Search Button		Performs search based on criteria entered and displays subsequent search results (if any) in the corresponding search results panel.
Submit		Submits a new or updated data record.

6. Providers

The Providers page is the first to display after a provider logs into the secure site.

The Providers page permits users to view provider-related information.

6.1 Info Panel Layout

```

Provider ID:005555555 WEB
Taxonomy:2000000000X
Zip Code: 36111 - 2711

Your 835 transactions and/or Paper Remittance Advice is being sent to:
835 Receiver(s) : N/A
Paper RA : PAY TO NAME
            PAY TO ADDRESS 1, PAY TO ADDRESS 2
            PAY TO CITY, ST ZIP
  
```

6.2 Info

6.2.1 Info Panel Narrative

This is the main page for all secure site users. It shows some user specific information for the current user logged in.

Navigation Path: [Providers]

6.2.2 Info Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
835 Receiver(s)	Displays the Trading Partner ID and contact name to which the provider's 835 files are being sent.	Label	N/A	0
Paper RA	Displays the Payee provider address.	Label	N/A	0
Provider ID	Displays the Web number, used to activate the account, of the user currently logged in the application.	Label	N/A	0
Taxonomy	Displays the taxonomy number for the provider currently logged in the application.	Label	N/A	0
Zip Code	Displays the zip code for the provider currently logged in the application.	Label	N/A	0

6.2.3 Info Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

6.2.4 Info Panel Extra Features

A dynamic feature will display a Trading Partner that has accepted to receive 835 transactions on the part of the Provider. If no action has been taken regarding the provider 835 transaction files, the message is marked as N/A.

6.2.5 Info Panel Accessibility

To Access the Info Panel

Step	Action	Response
1	Click Providers .	Providers page and Info panel display.

6.3 Messages

6.3.1 Messages Panel Narrative

The Messages panel displays the latest ten messages from the user's secure mailbox.

Navigation Path: [Providers]

6.3.2 Messages Panel Layout

Messages						
Category	Subject	Message	Sent Date	Effective Date	End Date	Read
Notification	Notification of paym	Please contact the Provider assistance center for	08/15/2007	08/15/2007	12/31/2007	<input checked="" type="checkbox"/>
Notification	PIN	Make sure you log in with your PIN to reset the Pa	06/15/1990	07/08/1990	09/23/2008	<input checked="" type="checkbox"/>
Notification	Notification of paym	Please contact the Provider assistance center for	12/31/1994	01/14/1995	01/14/2008	<input checked="" type="checkbox"/>
Notification	Another Notification	This is simply another notification that you are t	12/20/2007	06/25/2007	12/31/2008	<input type="checkbox"/>
Notification	Claims failing	Please contact the Provider assistance center for	09/01/2005	11/01/2005	12/31/2008	<input checked="" type="checkbox"/>
Notification	Suspension of claims	This is simply another notification that you are t	01/12/2001	02/14/2001	08/14/2009	<input type="checkbox"/>
Notification	Notification of paym	Please contact the Provider assistance center for	12/15/2002	01/01/2003	01/01/2008	<input type="checkbox"/>
Notification	Another Notification	This is simply another notification that you are t	03/07/2006	06/15/2007	04/15/2008	<input type="checkbox"/>
Notification	Notification of paym	Please contact the Provider assistance center for	06/15/2007	04/10/2000	07/08/2008	<input type="checkbox"/>
Notification	Another Notification	This is simply another notification that you are t	06/15/2007	02/13/2007	05/15/2008	<input type="checkbox"/>

The latest 10 messages sent by Alabama Medicaid are displayed above. To view all messages sent by Alabama Medicaid, please navigate to the Messages page which is accessible via the Account link located on the main menu bar.

6.3.3 Messages Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Category	Displays the category of the message.	Field	Alphanumeric	30
Effective Date	Displays the effective date of the message.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the message.	Field	Date (MM/DD/CCYY)	10
Message	Displays the messages.	Field	Alphanumeric	30
Read	Indicates if the message has been read. (Read-Only)	Combo Box	Check Box	0
Sent Date	Displays the sent date of the message.	Field	Date (MM/DD/CCYY)	10
Subject	Displays the subject line of the message.	Field	Alphanumeric	100

6.3.4 Messages Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

6.3.5 Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.3.6 Messages Panel Accessibility

To Access the Messages Panel

Step	Action	Response
1	Click Providers .	Providers page and Messages panel display.

7. Home

The Home page opens when you access the AMMIS Interactive Services website and click on Home.

From the Home link in the Main Menu toolbar, users can access the following Sub Menu options:

- Site Settings

7.1 Home

7.1.1 Home Panel Narrative

The Home panel is the welcome page for the Interactive Services website. The user has the capability to access any Interactive Services website features from here.

Navigation Path: [Home]

7.1.2 Home Panel Layout

Alabama Medicaid Agency
Medicaid

Wednesday, June 05, 2013
You have approximately 19 minutes until your session will expire.

Home NDC Look Up Information Provider Search Account Claims Eligibility Trade Files Prior Authorization Providers Portal Admin Security

Admin Host

Welcome to the Alabama Medicaid Interactive web site!

Quick Links

- Provider Enrollment Portal
- My Medicaid
- NDC Look Up

- This site is intended for providers, recipients, clerks and trading partners.
- The public site gives recipients the opportunity to search for Patient 1st providers with available caseloads by navigating to the **Provider Search** link on the main menu.
- The secure site gives providers, clerks and billing agents the opportunity to view Claim and Prior Authorization status as well as Eligibility Verification inquiries and to upload and download standard X12 and NCPDP transactions.
- To proceed with logging into the secure site, go to **Account >> Secure Site**.
- Use of this network is restricted to authorized users only. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.
- For additional information regarding Alabama Medicaid policies, procedures and contact information please refer to the Alabama Medicaid Agency web site at <http://www.medicaid.alabama.gov/>.

7.1.3 Home Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
No field documentation found for this panel.				

7.1.4 Home Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

7.1.5 Home Panel Extra Features

Field	Field Type
A Quick Links section on the left side contains hyperlinks to navigate users quickly to the Provider Enrollment Portal, the Member Portal, and the NDC Lookup screen. Additional hyperlinks are provided on the right side to navigate users to the Provider Search screen, the Login screen, and the Alabama Medicaid Agency web site.	

7.1.6 Home Panel Accessibility

To Access the Home Panel

Step	Action	Response
1	Click Home .	Home page displays.

7.2 Site Settings

7.2.1 Site Settings Panel Narrative

The Site Settings panel allows the user to customize the website according to need. The user has the capability to activate dropdown menus, shortcut keys and focus return.

Navigation Path: [Home] – [Site Settings]

7.2.2 Site Settings Panel Layout

Personal Settings

Activate Dropdown Menus
 Activate Linearized Tables
 Activate Focus Return
 Activate Shortcut Keys
 Shortcut Key Display Mode Underline

update

7.2.3 Site Settings Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
update	This button saves the settings.	Button	N/A	0
Activate Dropdown Menus	This checkbox activates drop down menus in the Interactive Services website.	Combo Box	Checkbox	0
Activate Focus Return	This checkbox activates focus return on the Interactive Services website.	Combo Box	Checkbox	0
Activate Linearized Tables	This checkbox activates linearized tables in the Interactive Services website.	Combo Box	Checkbox	0
Activate Shortcut Keys	This checkbox activates shortcut keys on buttons in the Interactive Services website.	Combo Box	Checkbox	0
Shortcut Key Display Mode	This drop down list box determines how buttons are displayed in the Interactive Services website. Valid values: None, Underline, ADA Mode.	Combo Box	Drop Down List Box	0

7.2.4 Site Settings Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

7.2.5 Site Settings Panel Extra Features

Field	Field Type
No extra features found for this panel.	

7.2.6 Site Settings Panel Accessibility

7.2.6.1 To Access the Site Settings Panel

Step	Action	Response
1	Click Home .	Home page displays.
2	Click Site Settings .	Site Settings panel displays.

7.2.6.2 To Update on the Site Settings Panel

Step	Action	Response
1	Click Activate Dropdown Menus checkbox.	Activates drop down menus in the Interactive Services website.
2	Click Activate Focus Return checkbox.	Activates focus return on the Interactive Services website.
3	Click Activate Linearized Tables checkbox.	Activates linearized tables in the Interactive Services website.
4	Click Activate Shortcut Keys checkbox.	Activates shortcut keys on buttons in the Interactive Services website.
5	Select option from Shortcut Key Display Mode dropdown menu.	Displays buttons in the Interactive Services website according to valid values: None, Underline, ADA Mode.
6	Click update .	Site settings save.

8. NDC Look Up Search

8.1 NDC Look Up Search Panel Narrative

The NDC Look Up Search panel allows users to search for Medicaid covered drugs using NDC, NDC and Date, Drug Name, or Drug Name and Date. Since both covered and non-covered drugs will be included in the search results, repack and obsolete drugs will be omitted to help reduce the number of rows returned.

Navigation Path: [NDC LookUp]

8.1.1 NDC Look Up Panel Layout



Information contained on this website is not a guarantee of payment. The Agency will continue to pay for medication pursuant to current Agency policies.

8.1.2 NDC Look Up Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
Dispense As Written	If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed.	Field	Check Box	0
Drug Information Status Date	Allows the user to select search results that will display drugs currently covered (Today), or drugs covered on a previous date (Other Date).	Field	Radio Button	0
Drug Information Status Date Entry (field)	If "Other Date" is selected, a valid, previous date must be entered in the date field.	Field	Date (MM/DD/CCYY)	10
Drug Name	Enter a partial or complete label name of a drug used to perform a search.	Field	Alphanumeric	40
Drug Name [search]	Allows the user to search for corresponding field data without leaving the page.	Hyperlink	N/A	0
NDC	Enter National Drug Code number to perform a search.	Field	Character	11

8.1.3 NDC Look Up Search Panel Field Edit Error Codes

Field	Error Message	To Correct
SEARCH	Please enter NDC or drug name and date to perform a search.	Enter a valid NDC or drug name in search criteria fields.
NDC	Numeric field only, user will not be able to enter alpha or special characters.	Enter a numeric NDC.
NDC	No drug information found that matches the search criteria.	Enter a valid, 11-digit NDC.
NDC and Drug Name	Return drug information on the NDC that was entered, ignoring the data entered in the "Drug Name" field. No drug information found that matches the search criteria.	Perform the drug search using either the NDC or the drug name.
Drug Name	No drug information found that matches the search criteria	Enter a valid NDC or drug name.
Drug Information Status Date	Date entered cannot be a future date.	Perform the drug search using either the current date or a valid previous date.
Drug Information Status Date	Date format should be mmddccyy or mm/dd/ccyy.	The user selects OTHER DATE and enters the date in MMDDCCYY format.

8.1.4 NDC Look Up Search Panel Extra Features

Field	Field Type
Drug Name	Search Hyperlink appears after the Drug Name.
Search	Main Search Button of the Panel.

A 'pop-up' search panel allows the user to search for field data without leaving the page. By clicking the [Search] hyperlink, the user accesses the search panel that is associated with that particular field.

8.1.5 NDC Look Up Search Panel Accessibility

8.1.5.1 To Access the NDC Look Up Panel

Step	Action	Response
1	Click the NDC Look Up tab.	NDC Look Up Panel will display.

8.1.5.2 To Search on the NDC Look Up Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: NDC, Drug Name And Drug Status Information Date.	
2	Click search .	Drug Information Status Date panel will display.

8.2 Drug Information Status Date Panel

8.2.1 Drug Information Status Date Panel Narrative

The Drug Information Status Date panel displays NDC information matching the search criteria from the NDC Look Up Search panel. The date entered by the user is shown in the title of the panel. If the user does not enter a Drug Information Status Date, the current date is used as the default date in the search criteria.

Navigation Path: [NDC Lookup] – [Search]

8.2.2 Drug Information Status Date Search Results Panel Layout

8.2.3 Drug Information Status Date Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Coverage Status	Indicates whether or not the drug is covered on the date selected.	Field	Character	11
Drug Information Status Date	Displays the date used in the search criteria entered on the NDC Look Up panel. If no date is entered, the current date displays.	Field	Date (MM/DD/CCYY)	10
Drug Name	Combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	Field	Character	10

Field	Description	Field Type	Data Type	Length
Generic Name	Combination of active ingredient names, route of administration, dosage form and strength.	Field	Alphanumeric	100
Maximum Quantity	The maximum units of the drug which can be dispensed within a 30-day period without an override.	Field	Number (Integer)	14
NDC Number	Displays the NDC number that was entered at the search. The National Drug Code used to uniquely identify a drug to be searched.	Field	Character	11
PA Status	Displays if a Prior Authorization is required. Valid values are 'Yes' and 'No.'	Field	Character	1
PDL Status	Indicates whether the drug or drug product is preferred or non-preferred	Field	Character	1
Reimbursement Rate per Unit	Displays the lowest reimbursement rate unless the user selects DAW. If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed. Lower of methodology should follow Rule No. 560-X-16-.06. Reimbursement for Covered Drugs and Services of the administrative code.	Field	Number (Integer)	14

8.2.4 Drug Information Status Date Panel Field Edit Error Codes

Field	Error Message	To Correct
Reimbursement rate per unit	No price on file, contact myers and stauffer.	No price on file. Contact Myers and Stauffer at 800-591-1183.
Reimbursement rate per unit	Drug price not available for search date.	Re-enter a search date that is not greater than 12 months prior to the current date.

8.2.5 Drug Information Status Date Panel Extra Features

Field	Field Type
Max Qty	Number(Integer)
Reimbursement rate per unit	Number(Integer)

Field	Field Type
<p>If Max Qty is 9999999.999, N/A will be displayed, otherwise the quantity will display in numeric format 9999999.999.</p> <p>For Reimbursement rate per unit: the lowest reimbursement rate will be displayed unless the user selects DAW.</p> <p>If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed. Lower of methodology should follow Rule No. 560-X-16-.06. Reimbursement for Covered Drugs and Services of the administrative code.</p>	

8.2.6 Drug Information Status Date Panel Accessibility

8.2.6.1 To Access the Drug Information Status Date Results Panel

Step	Action	Response
1	Enter search criteria and click search .	Detail Information of NDC is displayed in the summary panel or Drug Search Window pop-up is displayed based on search criteria.

8.3 Drug Name Search Panel Layout

8.3.1 Drug Name Search Panel Narrative

The Drug Name Search panel will display to allow users to search by a different NDC or Drug Name. After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [NDC Lookup] – [Search]

8.3.2 Drug Name Search Panel Layout

Search Results	
Please Select a Row to see drug coverage and information	
NDC ▲	Drug Name
00024540131	AMBIEN 5 MG TABLET
00024542131	AMBIEN 10 MG TABLET
00024542150	AMBIEN 10 MG TABLET
00024550110	AMBIEN CR 6.25 MG TABLET
00024550131	AMBIEN CR 6.25 MG TABLET
00024552110	AMBIEN CR 12.5 MG TABLET
00024552131	AMBIEN CR 12.5 MG TABLET
00024552150	AMBIEN CR 12.5 MG TABLET

8.3.3 Drug Name Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the drug look up search.	Button	N/A	0
Drug Name	Enter partial or complete label name of a drug to perform a search.	Field	Alphanumeric	40
NDC	Enter National Drug Code number to perform a search.	Field	Character	11

8.3.4 Drug Name Search Panel Field Edit Error Codes

Field	Error Message	To Correct
NDC and Drug Name	Please enter at least one search criteria.	Enter valid search criteria.
NDC	NDC not found.	Enter a valid NDC.

8.3.5 Drug Name Search Panel Extra Features

Field	Field Type
Up to 50 rows per page will be returned on searches using the Drug Name Search panel. When the user selects an NDC from the search results pop-up window, drug information for the selected NDC will display in the main Drug Information Status Date Panel.	

8.3.6 Drug Name Search Panel Accessibility

8.3.6.1 To Access the Drug Name Search Panel

Step	Action	Response
1	Enter search criteria and click search .	If searching with a NDC, the Drug Information Status Date panel will display. If searching with a drug name with more than one (1) NDC, a drug search panel will pop-up displaying the drug name and corresponding NDCs to select from.

8.3.6.2 To Search on the Drug Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields NDC, Drug Name .	
2	Click search .	Displays up to 50 rows per page if available.

If data is more than one (1) row, then Drug Search Panel is displayed.

When searching with the drug name and more than one (1) row of data is found, the pop-up drug search panel displays.

9. Information

From the Information link in the Main Menu toolbar, users can access the following Sub Menu options:

- AL Links
- Contact Us

9.1 AL Links

9.1.1 AL Links Panel Narrative

The AL Links panel provides users the ability to view available documentation or download the Provider Electronic Solutions or Long Term Care (LTC) Admission Notification software full installations or upgrades.

Click a hyperlink to navigate to the selected section of the Interactive Services website.

Navigation Path: [Information] – [AL Links]

9.1.2 AL Links Panel Layout

Business Actions

- Explanation of Benefit (EOB) Crosswalk
- Carrier Code Information

Software Download

Provider Electronic Solution

PLEASE REVIEW PRIOR TO SELECTING AN OPTION FOR SOFTWARE DOWNLOAD

PES version 3.0 must be in place before March 31st to submit 5010 and NCPDP 1.2 transactions.

Users have two options: **1)** An upgrade from PES version 2.16 to PES version 3.0 (desired), or **2)** A full install of PES version 3.0.

1) Upgrade information:

Prior to upgrading to PES version 3.0:

- Users must be using PES version 2.16
- If not, you must upgrade to PES version 2.16 or do a full install
- Users must submit all "R" status transactions (these cannot be submitted once version 3.0 is in place).

Once PES version 3.0 upgrade has completed list information will remain unchanged, but users will not be able to change, copy, resubmit, or restore archived transactions that were entered in PES version 2.16 of the Provider Electronic Solutions Software.

All transactions converted from PES version 2.16 to version 3.0 will be flagged with a new status based on the status the transaction was in at the time of the upgrade. No further action can be taken on X12 4010 or NCPDP 1.1 transactions.

The following new status codes will be used:

U – All transactions previously in an 'I' status at the time the upgrade is performed will have the status changed to 'U'. U = 4010 Unfinished/Incomplete
 B – All transactions previously in an 'A' status at the time the upgrade is performed will have the status changed to 'B'. B = 4010 Backup record/Archive
 C – All transactions previously in an 'R' status at the time the upgrade is performed will have the status changed to 'C'. C = 4010 Completed not yet Submitted/Ready
 S – All transactions previously in an 'F' status at the time the upgrade is performed will have the status changed to 'S'. S = 4010 Successfully Submitted/Finalized

2) Full Install information:

Prior to full installation to PES version 3.0:

- Users may be new to PES or using any previous version of PES
- Current PES users:
 - Lists will not be retained. It is recommended that users print their lists prior to installation so that their lists can be manually created in PES version 3.0.
- Users must submit all "R" status transactions (these cannot be submitted once version 3.0 is in place).

- PES Software Full Install
- PES Software Upgrades
- Microsoft Internet Explorer

LTC Admission Notification

- LTC Admission Notification Full Install
- LTC Admission Notification Upgrades

Documentation

- Vendor Interface Specifications
- Interactive Service - Web User Guide
- PES Software User Guide
- LTC Software User Guide
- HIPAA Companion Guides
- Trading Partner ID Request Form - This form is to be completed for each unique submitter interested in submitting electronic batch files.

9.1.3 AL Links Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Carrier Code Information	Hyperlink to allow user to access the Carrier Code values and definitions.	Hyperlink	N/A	0
Explanation of Benefit (EOB) Crosswalk	Hyperlink to allow user to access the Explanation of Benefit (EOB) Crosswalk.	Hyperlink	N/A	0
HIPAA Companion Guides	Hyperlink to allow user to access the HIPAA Companion Guides.	Hyperlink	N/A	0

Field	Description	Field Type	Data Type	Length
Interactive Service - Web User Guide	Hyperlink to allow user to access the Interactive Services Website User Manual.	Hyperlink	N/A	0
LTC Admission Notification Full Install	Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification Full Installs. (Only for LTC Providers.)	Hyperlink	N/A	0
LTC Admission Notification Upgrades	Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification Upgrades. (Only for LTC Providers.)	Hyperlink	N/A	0
LTC Software User Guide	Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification user guide. (Only for LTC Providers.)	Hyperlink	N/A	0
Microsoft Internet Explorer	Hyperlink to allow user to access the Microsoft Internet Explorer browser download.	Hyperlink	N/A	0
PES Software Full Install	Hyperlink to allow user to access the Provider Electronic Solutions Full Installs.	Hyperlink	N/A	0
PES Software Upgrades	Hyperlink to allow user to access the Provider Electronic Solutions Upgrades.	Hyperlink	N/A	0
PES Software User Guide	Hyperlink to allow user to access the Provider Electronic Solutions user guide.	Hyperlink	N/A	0
interChange Trading Partner ID Request Form	Hyperlink to allow user to access the Trading Partner ID Request form.	Hyperlink	N/A	0
Vendor Interface Specifications	Hyperlink to allow user to access the Vendor Specifications on Alabama Medicaid's Vendor page.	Hyperlink	N/A	0

9.1.4 AL Links Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

9.1.5 AL Links Panel Extra Features

Field	Field Type
No extra features found for this panel.	

9.1.6 AL Links Panel Accessibility

9.1.6.1 To Access the AL Links Panel

Step	Action	Response
1	Click Information .	Information panel displays.
2	Click AL Links .	AL Links page displays.

9.2 Contact Us

9.2.1 Contact Us Panel Narrative

The Contact Us panel provides contact information for the Customer Service Help Desk.

Navigation Path: [Information] – [Contact Us]

9.2.2 Contact Us Panel Layout

The Alabama Medicaid Interactive web site is intended for providers, clerks, and billing agents. This is meant to supplement the Customer Service Help Desk by handling claims status inquiry, eligibility inquiry, and other common requests.

The Customer Service Help Desk is available to handle your general billing, claim, or policy questions.

The Help Desk hours are Monday through Friday, 7:00 AM to 8:00 PM. Saturday (including holidays) 9:00 AM to 5:00 PM.

The local and long distance number is 1-334-215-0111

The toll free number when calling within Alabama and border communities is 1-800-456-1242

The email address is AlabamaSystemsEMC@hp.com

The mailing address:
 Hewlett-Packard Enterprise Services (HPES)
 Attn: EMC Helpdesk
 301 Technacenter Drive
 Montgomery, AL 36117

Use of the Alabama secure web pages is restricted to authorized users. You must obtain a username and password to be used to access the secure web pages. Access to individual web pages may further be restricted by the profile assigned to your username. Access to the remainder of the help pages requires a valid login.

9.2.3 Contact Us Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
No field documentation found for this panel.				

9.2.4 Contact Us Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

9.2.5 Contact Us Panel Extra Features

Field	Field Type
No extra features found for this panel.	

9.2.6 Contact Us Panel Accessibility

To Access the Contact Us Panel

Step	Action	Response
1	Click Information .	Information page displays.
2	Click Contact Us .	Contact Us page displays.

10. Provider Search

From the Provider Search link in the Main Menu toolbar, recipients can access the following Sub Menu option:

- Patient 1st

10.1 Patient 1st

10.1.1 Patient 1st Provider Location – Search Panel Narrative

The Patient 1st panel allows recipients to perform searches for Patient 1st providers that are close to their residence who may be currently accepting new patients.

Navigation Path: [Provider Search] – [Patient 1st]

10.1.2 Patient 1st Provider Location – Search Panel Layout



NOTE:

Recipients should call the provider prior to calling the Recipient Call Center to ensure the provider is accepting new Alabama Medicaid recipients.

10.1.3 Patient 1st Provider Location – Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
search	This button initiates the search.	Button	N/A	0
Recipient ID	Displays the Recipient's first 12-digits of their Medicaid identification number.	Field	Character	12

10.1.4 Patient 1st Provider Location – Search Panel Field Edit Error Codes

Field	Error Message	To Correct
Recipient ID	A Medicaid Recipient ID is required.	Enter a 12 digit Medicaid Recipient ID.

10.1.5 Patient 1st Provider Location – Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.1.6 Patient 1st Provider Location – Search Panel Accessibility

10.1.6.1 To Access the Patient 1st Provider Location – Search Panel

Step	Action	Response
1	Click Provider Search .	Provider Search page opens.
2	Click Patient 1st .	Patient 1 st Provider Location – Search panel opens.

10.1.6.2 To Search on the Patient 1st Provider Location – Search Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Click search .	Search results panel displays.

10.2 Patient 1st Provider Location Results

10.2.1 Patient 1st Provider Location Results Panel Narrative

The Patient 1st Search Results panel displays Patient 1st provider information matching search criteria entered in the Patient 1st Provider Location - Search panel.

Navigation Path: [Provider Search] – [Patient 1st] – [search]

10.2.2 Patient 1st Provider Location Results Panel Layout

Distance	0051	Provider Specialty	Hospital Based Rural Health Clinic
EPSDT	N	Provider Name	FLOMATON MEDICAL CENTER
Provider Assoc.	BRENT YODER	Provider Address	174 HWY 113
City	FLOMATON	State	AL
Phone Number	(251)296-2456	24-Hour Number	(251)850-8452
Distance	0056	Provider Specialty	Family Practitioner
EPSDT	Y	Provider Name	HASSELL JAMES A
Provider Assoc.		Provider Address	PO BOX 1388
City	CHATOM	State	AL
Phone Number	(251)847-3077	24-Hour Number	(251)847-3077
Distance	0056	Provider Specialty	Internal Medicine
EPSDT	N	Provider Name	KURTSIKIDZE NINO
Provider Assoc.		Provider Address	14634 ST STEPHENS AVE
City	CHATOM	State	AL
Phone Number	(251)847-2221	24-Hour Number	(251)847-2221
Distance	0056	Provider Specialty	Rural Health Clinic (RHC)
EPSDT	Y	Provider Name	CHATOM PRIMARY CARE PC
Provider Assoc.	MELLISSA WILLIAM	Provider Address	14714 ST.STEPHEN AVENUE
City	CHATOM	State	AL
Phone Number	(251)847-6262	24-Hour Number	(251)847-6262
Distance	0056	Provider Specialty	Rural Health Clinic (RHC)
EPSDT	Y	Provider Name	JAY MEDICAL CLINIC
Provider Assoc.	TWYLA COTTON	Provider Address	14088 ALABAMA STREET
City	JAY	State	FL
Phone Number	(850)675-4546	24-Hour Number	(850)675-4546

1 2 Next >

10.2.3 Patient 1st Provider Location Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
24-Hour Number	Displays the provider's 24-hour phone number.	Field	Number (Integer)	12
City	Displays the provider's city.	Field	Character	20
Distance	Displays the distance, in miles, between the provider and recipient.	Field	Number (Integer)	4
EPSDT	Displays if the provider is an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screener.	Field	Character	1
Phone Number	Displays the provider's phone number.	Field	Number (Integer)	12
Provider Address	Displays the provider's address.	Field	Character	30
Provider Assoc.	Displays the Mid Level associate to the provider.	Field	Character	20

Field	Description	Field Type	Data Type	Length
Provider Name	Displays the Provider's name.	Field	Character	20
Provider Specialty	Displays the provider's specialty description.	Field	Character	15
State	Indicates the provider's state.	Field	Character	2

10.2.4 Patient 1st Provider Location Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

10.2.5 Patient 1st Provider Location Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11. Account

Account features allows users to setup or maintain personal account information or, as a provider, to setup or maintain the account information for a designated clerk. Users can access the secure site from this location, as well as logoff the Interactive Services website.

From the Account link in the Main Menu toolbar, users can access the following Sub Menu options prior to login:

- Account Setup
- Reset Password
- Secure Site

From the Account link in the Main Menu toolbar, users can access the following Sub Menu options after login:

- Account Maintenance
- Clerk Maintenance
- Change Password
- Messages
- Switch Provider
- Logoff

11.1 Patient 1st Provider Location Results Panel Accessibility

11.1.1 To Access the Patient 1st Provider Location Results Panel

Step	Action	Response
1	Click Provider Search .	Provider Search page opens.
2	Click Patient 1st .	Patient 1 st Provider Location – Search panel opens.
3	Enter search criteria and click search .	Search results panel displays.

11.2 Account Setup

11.2.1 Account Setup Panel Narrative

The Account Setup panel allows users to setup their account and profile after receiving their PIN Letter. The user has the capability to update personal information, set security questions, create and/or change a password.

Navigation Path: [Account] – [Account Setup]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.2.2 Account Setup Panel Layout

The screenshot shows a web browser window titled "Account Setup". It contains two input fields: "Login ID*" and "Personal Identification Number*", both with asterisks indicating they are required. Below the fields is a note: "Please note Login ID and Personal Identification Number are case sensitive." A "setup account" button is visible at the bottom right of the panel.

The screenshot shows the main body of the Account Setup panel. A note at the top states: "Required fields are are indicated with an asterisk (*)." The fields are arranged in two columns. The left column includes: "User Name*", "Contact Last Name*", "Contact First Name*", "Phone Number*", "1st Secret Question*", "1st Answer*", "2nd Secret Question", and "2nd Answer". The right column includes: "Password*", "Confirm Password*", "EMail*", and "Confirm Email*". "submit" and "cancel" buttons are located at the bottom right.

NOTE:

Section 9.1.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the Account Setup panel. Please refer to section 9.1.6.2 for step by step instructions on how to complete the Account Setup panel.

11.2.3 Account Setup Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button discards any changes made to the page and stays on the same page.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
setup account	This button displays the user profile panel.	Button	N/A	0
submit	This button submits the user profile and navigates to the Home page.	Button	N/A	0
1st Answer	Enter the 1st secret question Answer.	Field	Alphanumeric	20
1st Secret Question	Enter 1st secret security question for the account user.	Field	Character	50
2nd Answer	Enter Answer to 2nd Secret Question.	Field	Alphanumeric	20
2nd Secret Question	Enter 2nd secret security question for the account user.	Field	Character	50
Confirm Email	Enter the email address again to confirm.	Field	Character	50
Confirm Password	Enter the password again to confirm.	Field	Alphanumeric	30
Contact First Name	Enter the first name of the account user.	Field	Character	50
Contact Last Name	Enter the last name of the account user.	Field	Character	50
Email	Enter the email address of the account user.	Field	Character	50
Login ID	Enter the login identification.	Field	Alphanumeric	10
Password	Enter the password for User account. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none">1 Lower and 1 Upper Case value;1 numeric value; andbe at least 8 bytes in length.	Field	Alphanumeric	30
Personal Identification Number	Enter the personal identification number (PIN).	Field	Alphanumeric	10
Phone Number	Enter the Phone Number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Enter the extension for the phone number of the account user. This field is optional.	Field	Number (Integer)	4
User Name	Enter the login identification for the user account.	Field	Alphanumeric	20

11.2.4 Account Setup Panel Field Edit Error Codes

Field	Error Message	To Correct
setup account	Sorry, we could not find that Login ID/Personal Identification Number. Please try again.	Enter correct Login ID/Personal Identification Number.
	This Login ID/Personal Identification Number has already been used to register a user.	Enter Unregistered Login ID/Personal Identification Number.
	Unable to setup account at this time, please contact the EMC Help Desk for further assistance. (800) 456-1242 – AL, FL, GA, MS and TN (334) 215-0111 – All other locations	Contact the EMC Help Desk for further assistance.
1st Answer	1st Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.
	1st Answer is required.	Enter an answer that corresponds with the 1 st Secret Question entered.
1st Secret Question	1st Secret Question is required.	Enter the 1 st Secret Question.
2nd Answer	2nd Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.
	2nd Answer is required when Secret question2 is entered.	Please check whether the Secret Answer 2 is filled.
2nd Secret Question	2nd Secret Question is required when Secret answer2 is entered.	Please check whether the 2nd secret Question is filled.
Confirm Email	Confirm Email contains an invalid value.	Re-enter a valid email address.
	Confirm Email is required.	Re-enter a valid email address.
	Email must be same as Confirm Email.	Check whether the Email and Confirm Email values are typed the same.
	Confirm Email is invalid for a Email type value.	Re-enter a valid email address.
Confirm Password	Password must be same as Confirm Password.	Check whether the Password and Confirm Password values are typed the same.
	Confirm Password is required.	Re-enter the password.
Contact First Name	First Name is required.	Enter the contact's first name.
Contact Last Name	Last Name is required.	Enter the contact's last name.
Email	Email is invalid for a Email type value.	Enter a valid email address.
	Email contains an invalid value.	Enter a valid email address.
	Email is required.	Enter the contact's email address.

Field	Error Message	To Correct
Password	Password is required.	Enter a password.
	The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again.	Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.
Phone Number	Phone Number contains an invalid value.	Enter the contact's phone number.
User Name	User Name cannot contain values other than [A-Z/a-z/0-9].	Ensure the field contains only A - Z and 0 - 9.
	User Name must be at least 6 characters in length.	Enter a user name that is at least 6 bytes in length.
	User Name is required.	Enter a user name that is at least 6 bytes in length.
	The User Name entered is already registered to another user. Please try again.	Enter a different user name that is not already registered to another user.
	User Name must be less than or equal to 20 characters in length.	Enter a user name that is less than or equal to 20 characters in length.

11.2.5 Account Setup Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.2.6 Account Setup Panel Accessibility

11.2.6.1 To Access the Account Setup Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Account Setup .	Account Setup panel opens.

11.2.6.2 To Add on the Account Setup Panel

Step	Action	Response
1	Enter Login ID .	
2	Enter Personal Identification Number .	
3	Click setup account .	Web User Profile panel displays.
4	Enter User Name .	
5	Enter Contact Last Name .	
6	Enter Contact First Name .	
7	Enter Phone Number and (optional) extension.	

Step	Action	Response
8	Enter 1st Secret Question.	
9	Enter 1st Answer that corresponds with the 1 st Secret Question entered.	
10	Enter 2nd Secret Question.	
11	Enter 2nd Answer that corresponds with the 2 nd Secret Question entered.	
12	Enter Password.	
13	Re-enter password in Confirm Password field.	
14	Enter Email address.	
15	Re-enter email address in Confirm Email field.	
16	Click submit.	Account Setup information saves.

11.3 Account Maintenance

11.3.1 Account Maintenance Panel Narrative

The Account Maintenance panel allows users to manage profile information. The user has the capability to update personal information and security questions, as well as the option to go to the Change Password panel.

Navigation Path: [Account] – [Account Maintenance]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.3.2 Account Maintenance Panel Layout

NOTE:

Section 9.2.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the Account Maintenance panel. Please refer to section 9.2.6.2 for step by step instructions on how to complete the Account Maintenance panel.

11.3.3 Account Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button discards any changes made to the page.	Button	N/A	0
change password	This button redirects the user to the change password page so the user can change their password.	Button	N/A	0
save	This button saves the changes made to the page.	Button	N/A	0
1st Answer	Enter the answer to 1st Secret Question.	Field	Alphanumeric	20

Field	Description	Field Type	Data Type	Length
1st Secret Question	Enter the 1st secret security question for the account user.	Field	Character	50
2nd Answer	Enter the answer to 2nd Secret Question.	Field	Alphanumeric	20
2nd Secret Question	Enter the 2nd secret security question for the account user.	Field	Character	50
Confirm Email	Enter the email identification again to confirm.	Field	Character	50
Contact First Name	Enter the first name of the account user.	Field	Character	50
Contact Last Name	Enter the last name of the account user.	Field	Character	50
Email	Enter the email address of the account user.	Field	Character	50
Phone Number	Enter the phone number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Enter the extension for the phone number of the account user. This field is optional.	Field	Number (Integer)	4
User Name	This field is auto populated after user logs into secure site.	Field	Alphanumeric	20

11.3.4 Account Maintenance Panel Field Edit Error Codes

Field	Error Message	To Correct
save	Save was Successful.	Message is displayed when successfully updated.
1st Answer	1st Answer is Required.	Enter an answer that corresponds with the 1st Secret Question entered.
	1st Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Field should be alpha numeric including spaces.
1st Secret Question	1st Secret Question is required.	Enter the 1st Secret Question.
2nd Answer	2nd Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Field should be alpha numeric including spaces.
	2nd Answer is Required when Secret question 2 is entered.	This field must be completed when 2nd secret question is entered.
2nd Secret Question	2nd Secret Question is Required.	This field must be completed when 2nd Answer is entered.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9;

Field	Error Message	To Correct
		date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Confirm Email	Confirm Email contains an invalid value.	Re-enter a valid email address.
	Email must be same as Confirm Email.	Email and Confirm Email should match this case valid only when the modified Email and the previously entered are different.
	Confirm Email is required.	Re-enter a valid email address.
Contact First Name	First Name is required.	Enter the contact's first name.
Contact Last Name	Last Name is required.	Enter the contact's last name.
Email	Email is invalid for a Email type value.	Enter a valid email address.
	Email contains an invalid value.	Enter a valid email address.
	Email is required.	Enter the contact's email address.
Phone Number	Phone Number is required.	Enter the contact's phone number.

11.3.5 Account Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.3.6 Account Maintenance Panel Accessibility

11.3.6.1 To Access the Account Maintenance Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Account Maintenance .	Account Maintenance panel opens.

11.3.6.2 To Add on the Account Maintenance Panel

Step	Action	Response
1	Enter Contact First Name .	
2	Enter Contact Last Name .	
3	Enter Phone Number and (optional) extension.	

Step	Action	Response
4	Enter Email address.	
5	Re-enter email address in Confirm Email field.	
6	Enter 1st Secret Question .	
7	Enter 1st Answer that corresponds with the 1 st Secret Question entered.	
8	Enter 2nd Secret Question .	
9	Enter 2nd Answer that corresponds with the 2 nd Secret Question entered.	
10	Click save .	Account Maintenance information saves.

11.3.6.3 To Update on the Account Maintenance Panel

Step	Action	Response
1	Click in field(s) to update and perform update.	
2	Click save .	Account Maintenance information saves.

11.4 Clerk Maintenance

11.4.1 Clerk Maintenance Panel Narrative

This panel allows providers to create/add, manage or remove clerks. The user has the capability to grant roles to clerks. The role configuration set applies only when the clerk is representing a particular provider.

Navigation Path: [Account] – [Clerk Maintenance] - [add clerk]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.4.2 Clerk Maintenance Panel Layout

11.4.3 Clerk Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add clerk	This button allows user to create and add a new clerk.	Button	N/A	0
cancel	This button cancels any changes made to the page.	Button	N/A	0
remove clerk	This button removes a selected clerk from the clerk data list.	Button	N/A	0
submit	This button initiates the save process.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Assigned Roles	Allows the user to select roles from the Available Roles List Box and move them to the Assigned Roles Box.	Field	N/A	0
Available Roles	Displays the list of available roles.	Field	N/A	0
Clerk Roles	Displays the list of assigned and available roles.	Combo Box	Drop Down List Box	0
Confirm Email	Displays the confirmation of the Email address of the account user.	Field	Character	50
Confirm Password	Displays the retyping of the password to confirm.	Field	Alphanumeric	30
Contact First Name	Displays the contact's last name for the account user.	Field	Character	50
Contact Last Name	Displays the contact's last name for the account user.	Field	Character	50
Email	Displays the email address of the account user.	Field	Character	50
Password	Displays the initial password for the clerk. Will be set as expired requiring the user to change the password when logging in. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length. 	Field	Alphanumeric	30
Phone Number	Displays the phone number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Displays the phone number extension of the clerk.	Field	Number (Integer)	4
User Name	Displays the login identification of the user.	Field	Alphanumeric	20

11.4.4 Clerk Maintenance Panel Field Edit Error Codes

Field	Error Message	To Correct
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Confirm Email	Email must be same as Confirm Email.	Check whether the Email and Confirm Email values are typed the same.
	Confirm Email is required.	Re-enter the Email address.
Confirm Password	Password must be same as Confirm Password.	Check whether the Password and Confirm Password values are typed the same.
	Confirm Password is required.	Re-enter the password.
Contact First Name	Contact First Name is required.	Enter the contact's first name.
Contact Last Name	Contact Last Name is required.	Enter the contact's last name.
Email	Email is required.	Enter the contact's email address.
	Email is invalid for a Email type value.	Enter a valid email address.
Password	The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again.	Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.
	Password is required.	Enter a password.
Phone Number	Phone Number is required.	Enter the contact's phone number.
User Name	User Name must be at least 6 characters in length.	Enter a user name that is at least 6 bytes in length.
	The User Name already exists.	Enter a unique user ID.
	User Name cannot contain values other than [A-Z/a-z/0-9].	Ensure the field contains only A - Z and 0 - 9.
	User Name cannot contain Numeric in the beginning.	Enter a User Name that begins with an alpha character.
	User Name is required.	Enter a User Name that is between 6 to 20 bytes in length.

11.4.5 Clerk Maintenance Panel Extra Features

The Clerk Maintenance panel is visible and the Contact Name, Phone and E-mail are read-only for an existing clerk (a clerk was selected in the clerks list).

When the "add clerk" button is clicked, the Contact Name, Phone and E-mail, password is editable.

When Add New Clerk is clicked, if an existing clerk, search for current clerk by username, select current clerk, and add the necessary roles and click submit. If not an existing clerk, enter the new clerk's contact name, phone, e-mail and roles and click the submit button.

Roles may be edited on existing clerks by selecting the clerk in the Clerk data list and modifying the roles for the clerk.

The provider verbally communicates or emails password to distribute to clerk (password is set as expired so when clerk logs in they are required to change their password).

When a clerk is selected in the list, the corresponding information of that selected clerk is displayed in the clerk panel as read-only and the fields Confirm Email, Password and Confirm Password are not visible.

The users are allowed to assign/revoke roles.

11.4.6 Clerk Maintenance Panel Accessibility

11.4.6.1 To Access the Clerk Maintenance Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Clerk Maintenance .	Clerk Maintenance panel opens.

11.4.6.2 To Add on the Clerk Maintenance Panel

Step	Action	Response
1	Click add clerk .	Activates fields for entry of data or selection from lists.
2	Enter User Name or click [Search] to select from list.	Clicking [Search] activates the User Name Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
3	Enter Contact First Name .	
4	Enter Contact Last Name .	
5	Enter Phone Number and (optional) extension.	
6	Enter Email .	
7	Re-enter email address in Confirm Email field.	
8	Enter Password .	
9	Re-enter password in Confirm Password field.	

Step	Action	Response
10	Select option(s) from Available Roles , and then click [<] or [<<] to add to Assigned Roles .	
11	Click submit .	Clerk Maintenance information saves.

11.4.6.3 To Update on the Clerk Maintenance Panel

Step	Action	Response
1	Click in field(s) to update and perform update.	
2	Select option(s) from Assigned Roles , and then click [>] or [>>] to return to Available Roles or click [<] or [<<] to add to Assigned Roles .	
3	Click save .	Clerk Maintenance information saves.

11.5 Change Password

11.5.1 Change Password Panel Narrative

The Change Password panel allows users to change their account password.

Navigation Path: [Account] – [Change Password] OR [Account] – [Account Maintenance] – [click on change password button]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.5.2 Change Password Panel Layout

11.5.3 Change Password Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button discards any changes made and return you to the home page.	Button	N/A	0
save	This button confirms and saves the new password.	Button	N/A	0
Confirm New Password	Enter your new password again to ensure it matches the password entered above.	Field	Alphanumeric	30
Current Password	Enter your current password.	Field	Alphanumeric	30
New Password	Enter the password for User account. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length. 	Field	Alphanumeric	30
User Name	This is your user name.	Label	Alphanumeric	20

11.5.4 Change Password Panel Field Edit Error Codes

Field	Error Message	To Correct
Confirm New Password	Confirm New Password is required.	Re-enter to confirm the new password.
Current Password	Password must be same as Confirm Password.	Ensure New Password matches Confirm New Password.
	Current Password is required.	Enter the current password.
New Password	New Password field is required.	Enter the new password.
	We were unable to update the password for this account. The account has been created but not activated. Please contact your system administrator.	Ensure the format of the password is correct. Format requirements are noted within the help text for the New Password field.

11.5.5 Change Password Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.5.6 Change Password Panel Accessibility

11.5.6.1 To Access the Change Password Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Change Password .	Change Password panel opens.

11.5.6.2 To Update on the Change Password Panel

Step	Action	Response
1	Enter Current Password .	
2	Enter New Password .	
3	Re-enter new password in Confirm New Password field.	
4	Click save .	Change Password information saves.

11.6 Messages

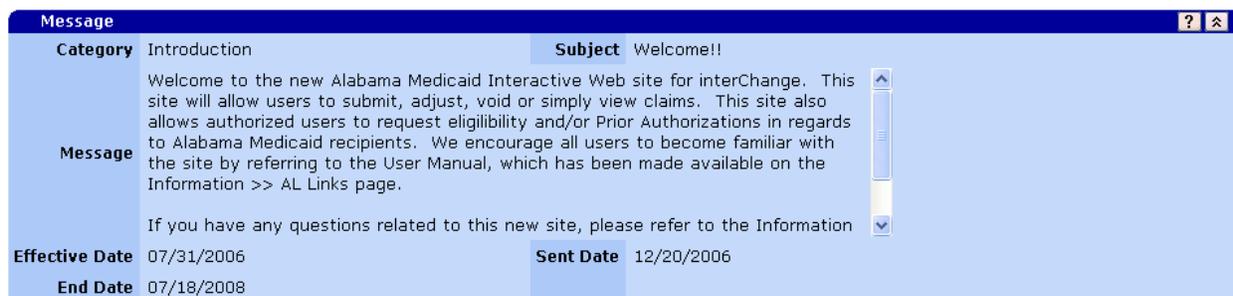
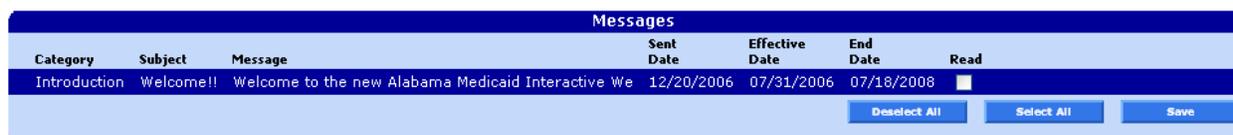
11.6.1 Messages Panel Narrative

The Messages panel displays all the messages for a user. The user has the capability to view the details for any message selected.

Select a message from the Messages list to display the full text and details of the message.

Navigation Path: [Account] – [Messages]

11.6.2 Messages Panel Layout



11.6.3 Messages Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
deselect All	Unchecks all of the Read check boxes.	Button	N/A	0
save	Updates the Read field on the database.	Button	N/A	0
select All	Checks all of the Read check boxes.	Button	N/A	0
Category	Displays the category of the message. (Read-Only).	Field	Alphanumeric	30
Effective Date	Displays the effective date of the message. (Read-Only).	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the message. (Read-Only).	Field	Date (MM/DD/CCYY)	10
Message	Displays the body of the message. (Read-Only).	Field	Alphanumeric	4000
Read	Displays whether the user has read the message.	Combo Box	Check Box	0

Field	Description	Field Type	Data Type	Length
Sent Date	Displays the date the message was sent. (Read-Only).	Field	Date (MM/DD/CCYY)	10
Subject	Displays the short description of the message.	Field	Alphanumeric	100

11.6.4 Messages Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

11.6.5 Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.6.6 Messages Panel Accessibility

11.6.6.1 To Access the Messages Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Messages .	Messages panel opens.

11.7 Switch Provider

11.7.1 Switch Provider Panel Narrative

The Switch Provider panel allows clerks to switch to different authorized provider account profiles and locations. The user has the capability to select from a list of authorized providers. A default user indicator can be set so the provider account is set automatically when the user logs on.

After logging in the clerk can switch providers by selecting which provider to represent. Clerks will switch providers by selecting a row in a list of available providers and clicking 'switch to'. Confirmation of the current National Provider Identifier (NPI) number will appear as a page title. After selection, the clerk will be redirected to the Account Home page.

To associate a clerk to a billing NPI number, please refer to Section 9.3 *Clerk Maintenance*.

Navigation Path: [Account] – [Switch Provider]

11.7.2 Switch Provider Panel Layout

The screenshot shows a web interface for switching providers. At the top, it displays 'Current Provider 2003000000'. Below this is a table with columns: National Provider ID, Medicaid Provider ID, Address, City, State, Zip, Zip + 4, Taxonomy, Provider Type, and Default Provider ID. Three rows are visible, with the third row (Physician) selected. Below the table, there is a section for the 'Selected Provider' with fields for Medicaid Provider ID, Address, State, Zip + 4, Provider Type, National Provider ID, City, Zip, Taxonomy, and Default Provider ID. At the bottom right, there are two buttons: 'set as default' and 'switch to'.

National Provider ID	Medicaid Provider ID	Address	City	State	Zip	Zip + 4	Taxonomy	Provider Type	Default Provider ID
1930000102	529910000	1003 LEIGHTON AVE	ANNISTON	AL	36707		100300000X	Dentist	<input type="checkbox"/>
1200002000	2003000000	4440 PARK AVE	PORTLAND	OR	97501	8008	200X00000X	Therapist	<input checked="" type="checkbox"/>
1000800000	100000000A	PO BOX 5000	PORTLAND	OR	73054		200RP0001X	Physician	<input type="checkbox"/>

Current Provider: 2003000000
 Selected Provider:
 Medicaid Provider ID: 100000000A
 Address: PO BOX 5000
 State: OR
 Zip + 4:
 Provider Type: Physician
 National Provider ID: 1000800000
 City: PORTLAND
 Zip: 73054
 Taxonomy: 200RP0001X
 Default Provider ID: N

Buttons: set as default, switch to

11.7.3 Switch Provider Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
set as default	This button sets the selected provider as the default provider for when the clerk logs into the secured site.	Button	N/A	0
switch to	This button switches to the selected provider.	Button	N/A	0
Address	Displays address line 1 of the provider's physical address. (Read-Only)	Field	Alphanumeric	30
City	Displays the city of the provider's physical address. (Read-Only)	Field	Alphanumeric	30

Field	Description	Field Type	Data Type	Length
Current Provider	Displays the current provider number who the clerk is logged in to represent. (Read-Only)	Field	Alphanumeric	10
Default Provider ID	This checkbox indicates that this provider should be used as the default when the user is logging into the web portal. (Read-Only)	Combo Box	Check Box	0
Medicaid Provider ID	Displays the Medicaid Provider Identification of the provider. (Read-Only)	Field	Alphanumeric	10
National Provider ID	Displays the National Provider Identifier (NPI) of the provider. (Read-Only)	Field	Alphanumeric	10
Provider Type	Displays the provider type description. (Read-Only)	Field	Alphanumeric	30
State	Displays the state of the provider's physical address. (Read-Only)	Field	Alphanumeric	2
Taxonomy	Displays the taxonomy code of the provider. (Read-Only)	Field	Alphanumeric	10
Zip	Displays the zip code of the provider's physical address. (Read-Only)	Field	Number (Integer)	5
Zip 4	Displays the zip code extension of the provider's physical address. (Read-Only)	Field	Number (Integer)	4

11.7.4 Switch Provider Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

11.7.5 Switch Provider Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.7.6 Switch Provider Panel Accessibility

11.7.6.1 To Access the Switch Provider Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Switch Provider .	Switch Provider panel opens.

11.7.6.2 To Update on the Switch Provider Panel

Step	Action	Response
1	Select a provider from the provider data list.	
2	Click set as default .	Default provider information saves.

Step	Action	Response
By following these steps, a user may also switch to another NPI number, so they may masquerade as that provider when submitting and/or inquiring on claims and prior authorization requests.		
1	Select a provider from the provider data list.	
2	Click switch to .	
3	Click OK .	User will act as the provider selected.

11.8 Logoff

11.8.1 Logoff Panel Narrative

The Logoff panel displays when a user's session has expired. The only functionality of this window is a button that allows the user to return to the Login panel.

A session expires after 20 minutes since the last request was sent to the web server. A request is sent to the web server when the user causes the screen to refresh, such as by clicking a button or navigating between menu items. Simply entering data into a field does not send a request to the web server and thereby does not cause the 20 minute setting to reset.

Navigation Path: N/A – session expired

11.8.2 Logoff Panel Layout



11.8.3 Logoff Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Login	This button takes the user to the log on screen.	Button	N/A	0
Session Expired	Informs the user of a session expiration.	Label	N/A	0

11.8.4 Logoff Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

11.8.5 Logoff Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.8.6 Logoff Panel Accessibility

11.8.6.1 To Access the Logoff Panel

Step	Action	Response
1	Allow session to expire.	Logoff panel displays.

11.8.6.2 To Update on the Logoff Panel

Step	Action	Response
1	Click Login .	Login panel displays.

11.9 Reset Password

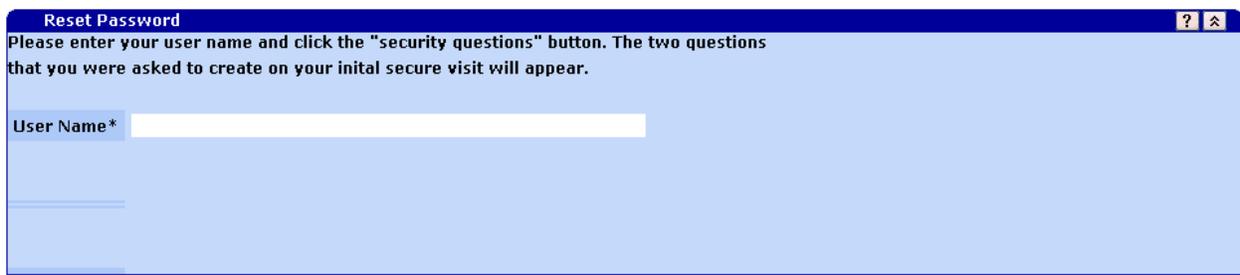
11.9.1 Reset Password Panel Narrative

The Reset Password panel allows users to reset their Interactive Services website password. The user needs to provide self authentication before he or she is allowed to change his or her password.

The Reset Password panel also allows users to reset the password for a clerk selected from the Clerk Maintenance panel.

Navigation Path: [Account] – [Reset password]

11.9.2 Reset Password Panel Layout

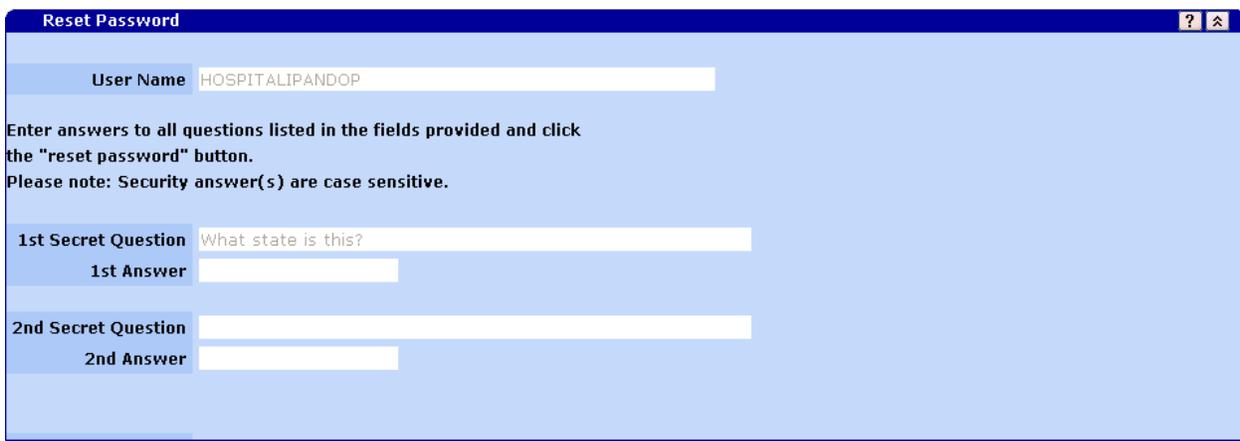


Reset Password ? ↗

Please enter your user name and click the "security questions" button. The two questions that you were asked to create on your initial secure visit will appear.

User Name*

security questions



Reset Password ? ↗

User Name

Enter answers to all questions listed in the fields provided and click the "reset password" button.
Please note: Security answer(s) are case sensitive.

1st Secret Question

1st Answer

2nd Secret Question

2nd Answer

reset password

11.9.3 Reset Password Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
reset password	This button validates security answers and displays the password fields.	Button	N/A	0
security questions	This button validates the user name and displays the secret questions.	Button	N/A	0
submit	This button initiates the reset password changes to the active directory.	Button	N/A	0
1st Answer	Displays the answer for the 1st secret question.	Field	Alphanumeric	20
1st Secret Question	Displays the 1st secret question to prompt user to remember password.	Field	Character	50
2nd Answer	Displays the answer for the 2nd secret question.	Field	Alphanumeric	20
2nd Secret Question	Displays the 2nd secret question to prompt user to remember password.	Field	Character	50
Confirm Password	Displays the re-typed password of the user in the form of dots for security purposes.	Field	Character	30

Field	Description	Field Type	Data Type	Length
New Password	Enter your new password. The new Web Password must differ from past passwords and must also, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length. 	Field	Character	30
User Name	Displays the user name of the user.	Field	Alphanumeric	20

11.9.4 Reset Password Panel Field Edit Error Codes

Field	Error Message	To Correct
1st Answer	Invalid Secret Answer(s).	Enter a valid secret Answer.
	1st Answer cannot contain values other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field matches the datatype as documented in the field descriptions above. character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9.
	1st Answer is required	Enter an answer that corresponds with the 1st Secret Question entered.
2nd Answer	Invalid Secret Answer(s)	Enter a valid secret Answer.
	2nd Answer cannot contain values other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field matches the datatype as documented in the field descriptions above. Character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9.
	2nd Answer is required.	Enter an answer that corresponds with the 2nd Secret Question entered.
Confirm Password	Confirm Password is required.	Re-enter the new password.
	New Password must be same as Confirm New Password.	Confirm Password should be the same as New Password.
New Password	Password is required.	Enter the new password.
	The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again.	Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.
security questions	You are not authorized to access this account, please contact the EMC Help Desk for further assistance. (800) 456-1242 – AL, FL, GA, MS and TN	Contact the EMC Help Desk for further assistance.

Field	Error Message	To Correct
	(334) 215-0111 – All other locations	
User Name	Invalid User entered.	Enter a valid user name.
	User Name cannot contain other than [A-Z/a-z/0-9].	Ensure that the field matches the data type as documented in the field descriptions above. Character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9.

11.9.5 Reset Password Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.9.6 Reset Password Panel Accessibility

11.9.6.1 To Access the Reset Password Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Reset Password .	Reset Password panel opens.

11.9.6.2 To Update on the Reset Password Panel

Step	Action	Response
1	Enter User Name .	
2	Click security questions .	Security questions display.
3	Enter 1st Answer and 2nd Answer , if 2nd Secret Question is not blank.	
4	Click reset password .	New password fields display.
5	Enter New Password .	
6	Re-enter new password in Confirm Password field.	
7	Click submit .	Reset Password information saves.

11.10 Secure Site

11.10.1 Login Panel Narrative

The Login panel, accessible via the Secure Site link, allows users to login to the secure Interactive Services website.

Navigation Path: [Account] – [Secure Site]

11.10.2 Login Panel Layout

11.10.3 Login Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
login	This button logs the user into the secure site.	Button	N/A	0
reset password	This button redirects the user to the Reset Password page.	Button	N/A	0
setup account	This button redirects the user to the Account Setup page.	Button	N/A	0
Password	Displays the password of the account user in the form of dots for security purposes.	Field	Character	30
User Name	Displays the Login ID of the user.	Field	Alphanumeric	20

NOTE:

A new PIN letter issuing a new password was mailed to all providers. Users must have a new password to use this application.

11.10.4 Login Panel Field Edit Error Codes

Field	Error Message	To Correct
Password	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your password has expired. Please change your password.	Enter a new password.
	We are sorry but the user name or password is incorrect. Please try again.	Enter a password that is between 6 to 30 characters in length.
User Name	We are sorry but you are not authorized to access this web site. If you believe this is incorrect please contact the help desk.	The account has been reset. Setup the account once the new Personal Identification Number (PIN) has been received or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.
	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your account has been locked out due to invalid password attempts. Please contact the system administrator to have it unlocked.	Account Locked. Wait 10 minutes and the account will be automatically unlocked or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.

11.10.5 Login Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.10.6 Login Panel Accessibility

11.10.6.1 To Access the Login Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Secure Site .	Login panel opens.

11.10.6.2 To Add on the Login Panel

Step	Action	Response
1	Enter User Name .	
2	Enter Password .	
3	Click login .	Providers page displays for Provider users. Messages page displays for Clerks and Billing agents.

11.10.6.3 To Update on the Login Panel

Step	Action	Response
1	Click setup account .	Account Setup panel displays.
2	Click reset password .	Reset Password panel displays.

12. Claims

Claims features allow users to search for or submit dental, institutional, professional, crossover, pharmacy or compound drug claims via the Interactive Services website.

From the Claims link in the Main Menu toolbar, users can access the following Sub Menu options:

- Search
- Dental
- Institutional
- Pharmacy
- Professional

NOTE:

Medicare/Medicaid (crossover) claims will be entered within the respective claims types of Institutional and/or Professional.

12.1 Claims

12.1.1 Claims Panel Narrative

The Claim Submission Links panel allows users to launch a claim search and entry panel for any of the four types of claims: dental, institutional, pharmacy or professional.

Navigation Path: [Claims]

12.1.2 Claims Panel Layout

<p>Claims</p> <ul style="list-style-type: none"> ▪ Search ▪ Dental ▪ Institutional (for Inpatient, Outpatient, Long Term Care) ▪ Pharmacy ▪ Professional

12.1.3 Claims Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Dental	Hyperlink to allow user to enter Dental claims.	Hyperlink	N/A	0
Institutional	Hyperlink to allow user to enter Institutional claims.	Hyperlink	N/A	0
Pharmacy	Hyperlink to allow user to enter Pharmacy claims.	Hyperlink	N/A	0

Field	Description	Field Type	Data Type	Length
Professional	Hyperlink to allow user to enter Professional claims.	Hyperlink	N/A	0
Search	Hyperlink to allow user to search for a claim.	Hyperlink	N/A	0

12.1.4 Claims Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

12.1.5 Claims Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.1.6 Claims Panel Accessibility

12.1.6.1 To Access the Claims Panel

Step	Action	Response
1	Click Claims .	Claims page displays.

12.2 Claim Search

12.2.1 Claim Search Panel Narrative

The Claim Search panel allows users to search for all of the claims associated with their corresponding billing NPI number. The user also has the capability to narrow the search results by entering specific search criteria.

Navigation Path: [Claims] – [Search]

12.2.2 Claim Search Panel Layout

12.2.3 Claim Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button allows user to search on a specific claim.	Button	N/A	0
Claim Type	Displays the type of claim.	Combo Box	Drop Down List Box	0
Date Paid	Displays the date of the check write.	Field	Date (MM/DD/CCYY)	10
FDOS	Displays the from date of service.	Field	Date (MM/DD/CCYY)	10
ICN	Displays the Internal Control Number (ICN) which uniquely identifies the claim. To identify a range of claims, enter the first 7 digits of the ICN which identifies the ICN region, year and Julian date. Regions are: <ul style="list-style-type: none"> ▪ 40 - Converted Electronic Claim ▪ 47 - Converted Paper Claim ▪ 41 - Converted Medicare Claim ▪ 20 - Electronic Claim ▪ 22 - Web Claim ▪ 10 - Paper Example ICN fuzzy search: 2007011 (Electronic (20) Year 2007 (07) Date January 11th (011)).	Field	Number (Integer)	13

Field	Description	Field Type	Data Type	Length
Recipient ID	Displays the recipient's first 12-digits of their Medicaid identification number.	Field	Character	12
Recipient Name	Displays the Recipient's name including Last Name, First Name and Middle Initial.	Field	Character	50
Records	Allows the user to select the number of search results to display per page.	Combo Box	Drop Down List Box	0
Rendering Provider ID	Displays the provider who performed the service on 1 st detail on the claim.	Field	Alphanumeric	10
Show Non-remitted Claims Only	Displays claims that are still in process. Claims are still in process when they have not yet been written to a remittance advice as being either paid or denied.	Check Box	Check Box	0
Status	Displays the status of the claim in the system.	Combo Box	Drop Down List Box	0
TCN	Displays a cross reference between claims from the old system (identified by a TCN) and their converted counterpart claims (identified by a claim System Assigned Key) on the current MMIS.	Field	Character	17
TDOS	Displays the to date of service.	Field	Date (MM/DD/CCYY)	10

12.2.4 Claim Search Panel Field Edit Error Codes

Field	Error Message	To Correct
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
	The total number of claims that would be returned exceeds # which is the maximum number allowed. Please add additional search criteria that would limit the number of claims found. The total number of claims that would be returned is: # with a total billed amount of: \$#.## and a total paid amount of: \$#.##.	Add more items to the search criteria to try to narrow the results to a lower number of claims found.
ICN	ICN must be Numeric.	Enter a numeric ICN.

Field	Error Message	To Correct
TDOS	FDOS must be less than or equal to TDOS.	Ensure that the date is on or after FDOS.

12.2.5 Claim Search Panel Extra Features

Field	Field Type
NPI or MCD	Hyperlink appears after the Rendering Provider ID field is populated with a valid provider ID. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.

Based on the User ID to NPI number association, the billing NPI number is automatically inserted as part of the search criteria. To search using a different billing NPI number, clerks may access the Switch Provider panel.

12.2.6 Claim Search Panel Accessibility

12.2.6.1 To Access the Claim Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Search .	Claim Search panel displays.

12.2.6.2 To Search on the Claim Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: ICN, Recipient ID, TCN, FDOS, TDOS, Rendering Provider ID, Claim Type, Status and/or Date Paid .	
2	Click search .	Claim Search Results panel displays.

NOTE:

“No rows found” indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPES Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

12.3 Claim Search Results

12.3.1 Claim Search Results Panel Narrative

The Claim Search Results panel displays claim information matching the search criteria from the Claim Search panel. The billing NPI number is automatically used as part of the search criteria based on the provider account selected for the corresponding user identification number. To view claims for a different billing NPI number, the clerk must switch to that provider account by means of the Switch Provider panel. Only clerks with direct permission from the billing provider may access their account to view or submit claims.

Navigation Path: [Claims] – [Search] – [search]

12.3.2 Claim Search Results Panel Layout

Search Results								
ICN	Recipient ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2211066200021	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	\$100.00	\$0.00
2211066200023	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	\$100.00	\$0.00
2211066200022	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	\$100.00	\$0.70
2211066200024	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	\$100.00	\$0.70
2211098200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$165.00	\$0.00
2211098200005	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$165.00	\$0.00
2211098200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$250.00	\$0.00
2211098200015	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	\$320.00	\$0.00
2211110200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/21/2011	\$365.00	\$0.00
2211094200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/07/2011	\$250.00	\$0.00
5111098201001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	\$250.00	\$141.00
2211098200002	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	\$165.00	\$0.00
5111098562001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	\$165.00	\$41.00
2211098200014	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	\$165.00	\$0.00
5111098222001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	\$165.00	\$36.00
2211110200003	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/21/2011	\$165.00	\$0.00
5111110131001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/21/2011	\$165.00	\$43.00
2211207000002	000000000000	03/07/2011	03/27/2011	PROFESSIONAL XOVER CLAIMS	ADJUSTED	07/28/2011	\$293.00	\$0.00

Claim Count: 18 Total Paid: \$262.40

12.3.3 Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Amount Billed	Displays the amount billed for the claim.	Field	Number (Decimal)	9
Amount Paid	Amount sent to a provider for payment of services rendered to a recipient.	Field	Number (Decimal)	9
Claim Type	Displays the type of claim.	Field	Alphanumeric	50
Date Paid	Displays the date on which the claim was paid.	Field	Date (MM/DD/CCYY)	10
FDOS	Displays the from date of service for the claim.	Field	Date (MM/DD/CCYY)	10
ICN	Displays the internal control number for the claim issued by Medicaid.	Field	Alphanumeric	13
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Alphanumeric	12
Status	Displays the status of the claim.	Field	Alphanumeric	10

Field	Description	Field Type	Data Type	Length
TDOS	Displays the end date of service for the claim.	Field	Date (MM/DD/CCYY)	10
Next	Displays the link to the next page of search results.	Hyperlink	N/A	0
Previous	Displays the link to the previous page of search results.	Hyperlink	N/A	0

12.3.4 Claim Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

12.3.5 Claim Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.3.6 Claim Search Results Panel Accessibility

12.3.6.1 To Access the Claim Search Results Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Search .	Claim Search panel displays.
3	Enter search criteria and click search .	Claim Search Results panel displays.

12.4 Dental

12.4.1 Dental Claim Panel Narrative

The Dental panel allows a dental provider to submit a claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a dental claim, including multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Dental Claim panel includes the following sections:

- Dental Claim
- Third Party Liability (TPL)
- Detail
- Surfaces
- Claim Status Information
- Adjustment Information
- Explanation of Benefit (EOB) Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] - [Dental] OR [Claim]-[click on Dental link] OR [Claim] - [Search] - [search for dental claims]-[select dental claim from search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

12.4.2 Dental Claim Panel Layout

Dental Claim ? ↕

Billing Information		Service Information	
ICN		Emergency	No ▾
Provider ID	1528078219 NPI	POS*	<input type="text"/> [Search]
Provider Name	UAHSF-AL CONGENITAL HRT	Related Causes	
Recipient ID*	<input type="text"/>	Cause 1	<input type="text"/> ▾
Last Name*	<input type="text"/>	Cause 2	<input type="text"/> ▾
First Name*	<input type="text"/>	Total Charges	
Date of Birth	<input type="text"/>	Total Charges	\$0.00
Patient Account #	<input type="text"/>	TPL Amount	\$0.00
		Total Paid Amount	\$0.00

TPL

*** No rows found ***
 Select row above to update -or- click Add button below.

Policy Number	<input type="text"/>
Plan Name	<input type="text"/>
Relationship to Insured	<input type="text"/> ▾
Carrier Code	<input type="text"/> [Search]
Carrier Name	<input type="text"/>
Payer Respons. Code	Primary ▾
Paid Date	<input type="text"/>
Paid Amt	<input type="text"/>
Deductible Amt	<input type="text"/>
CoInsurance Amt	<input type="text"/>
CoPay Amt	<input type="text"/>
Policy Holder	
Last Name	<input type="text"/>
First Name, MI	<input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/>

Detail

Item	Status	DOS	Procedure	Units	Tooth Number	Quadrant	Charges	Allowed Amount
A	1			0			\$0.00	\$0.00

Type data below for new record.

Item	1	DOS*	<input type="text"/>
Detail Status		Units*	0
Procedure*	<input type="text"/> [Search]	Charges*	\$0.00
Tooth Number	<input type="text"/>	Allowed Amount	\$0.00
Quadrant	<input type="text"/> ▾	POS	<input type="text"/> [Search]
Rendering Provider	<input type="text"/> [Search]		

Surfaces (Detail Item 1)

*** No rows found ***
 Select row above to update -or- click Add button below.

Surface	<input type="text"/> ▾
---------	------------------------

Claim Status Information

Claim Status Not Submitted

Adjustment Information						
ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
5200164102001	06/13/2007	06/18/2007	DENIED	99	8200	

Claim Status Information	
Claim Status	PAID
Claim ICN	2007117110009
Paid Date	03/04/2007
Allowed Amount	\$29.00

EOB Information		
Detail Number	Code	Description
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

NOTE:
 Section 10.4.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the dental claim form. Please refer to section 10.4.6.2 for step by step instructions on how to complete the dental claim form.

12.4.3 Dental Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Detail, Surfaces, TPL).	Button	N/A	0
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
delete	This button is used to delete data from a panel (Detail, Surfaces, TPL).	Button	N/A	0
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
submit	This button submits a claim for adjudication.	Button	N/A	0
void	This button submits a void request for a paid claim.	Button	N/A	0
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4

Field	Description	Field Type	Data Type	Length
Allowed Amount	Displays the amount approved to pay for services provided to a recipient. (Read-Only)	Field	Number (Decimal)	9
Carrier Code	Displays the 5-digit carrier code that identifies the recipient's TPL insurance plan.	Field	Number (Integer)	10
Carrier Name	Displays the carrier name based on the carrier code entered. (Read-Only)	Field	Character	45
Cause 1	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Cause 2	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Charges	Displays the usual and customary charge for the service provided.	Field	Number (Decimal)	13
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
CoInsurance Amt	Medicare Information: the coinsurance amount Medicare applied to this claim.	Field	Number (Decimal)	8
CoPay Amt	Copay amount the third party payer applied to this claim (TPL) or to the detail (Third Party Payer).	Field	Number (Decimal)	10

Field	Description	Field Type	Data Type	Length
DOS	Displays the date of service on the claim.	Field	Date (MM/DD/CCYY)	10
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder.	Field	Date (MM/DD/CCYY)	10
Deductible Amt	Displays the amount the recipient must pay before Medicare.	Field	Number (Decimal)	10
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Alphanumeric	79
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Emergency	Displays if the service was provided as the result of an emergency situation.	Combo Box	Drop Down List Box	0
First Name	Displays the first name of the recipient on the header.	Field	Character	35
First Name, M	Displays the first name and middle initial of third party policy holder.	Field	Alphanumeric	25
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Item	Displays the detail line number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient. TPL: Displays the last name of third party policy holder.	Field	Character	60
Location	Displays the location code of the claim.	Field	Number (Integer)	2
POS	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2

Field	Description	Field Type	Data Type	Length
Paid Amt	Medicare Information: Displays the dollar amount paid by Medicare for the services (may be a negative or positive amount).	Field	Character	10
Paid Date	Displays the date the claim was billed and paid. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Patient Account	Displays the identification for a recipient assigned by a provider and used in their system.	Field	Character	38
Payer Responsibility Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the TPL plan name.	Field	Alphanumeric	60
Policy Number	Displays the TPL policy number.	Field	Alphanumeric	30
Procedure	Displays the code used to identify a dental procedure.	Field	Alphanumeric	6
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read Only and defaulted on header panel.)	Field	Alphanumeric	15
Quadrant	Displays the quadrant of the mouth where services were performed.	Combo Box	Drop Down List Box	0
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
Relationship to Insured	Displays the third party liability's insured relationship.	Combo Box	Drop Down List Box	0
Rendering Provider	Displays the identification number of the rendering physician.	Field	Alphanumeric	10
Surface	Displays the code which identifies the tooth surface on which a service was performed. This surface displayed is associated to a specific detail as noted in the title bar as (Detail Item).	Combo Box	Drop Down List Box	0
TPL Amount	Displays the amount paid by a third party liability insurance.	Field	Number (Decimal)	14

Field	Description	Field Type	Data Type	Length
Tooth Number	Displays the tooth number that identifies the tooth on which the provider rendered services. A letter indicates temporary teeth and a number indicates permanent teeth.	Field	Alphanumeric	2
Total Charges	Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)	Field	Number (Decimal)	13
Total Paid Amount	Displays the total amount paid. (Read-Only)	Field	Number (Decimal)	13
Units	Displays the units of service on this detail. (Dental services will always be billed one unit per line item.)	Field	Number (Decimal)	6

12.4.4 Dental Claim Panel Field Edit Error Codes

Field	Error Message	To Correct
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.
submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
void	Void was successful. See Claim Status Information for details.	Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.
All fields	Invalid number / Invalid date / Invalid character data/Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field

Field	Error Message	To Correct
		descriptions above.
	Exceeded maximum number of details.	Exceeded maximum number of details - 50 detail lines.
Carrier Code	Carrier Code is required.	Enter a Carrier Code when TPL is being entered.
Charges	Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
	Charges must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Charges are required.	Enter the detail charges.
DOS	DOS is required.	Enter the date of service.
	DOS must be less than or equal to Today.	Enter a date of service that is less than or equal to today's date.
	DOS must be greater than or equal to 01/01/1990.	Enter a date of service that is greater than or equal to 01/01/1990.
	DOS must be less than or equal to 12/31/2299.	Enter a date of service that is less than or equal to 12/31/2299.
Date of Birth	Date of Birth is required.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
	Date of Birth must be greater than or equal to 01/01/1900.	Enter a Date of Birth greater than or equal to 01/01/1900.
	Date of Birth must be less than or equal to 12/31/2299.	Enter a Date of Birth less than or equal to 12/31/2299.
	Date of Birth must be less than or equal to Today.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
First Name	First Name is required.	Enter the recipient's first name.
First Name, MI	First Name is required.	Enter a first name when TPL is applicable.
Last Name	Last Name is required.	Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable.
POS	A valid POS is required.	Enter a valid Place of Service (POS).
	POS contains an invalid value.	Enter a valid Place of Service (POS).
Paid Date	Paid Date is required.	Enter a Paid Date when TPL is being entered.
	Paid Date must be greater than or equal to 01/01/1900.	Enter a Paid Date greater than or equal to 01/01/1900 when TPL is being entered.

Field	Error Message	To Correct
	Paid Date must be less than or equal to 12/31/2299.	Enter a Paid Date less than or equal to 12/31/2299 when TPL is being entered.
	Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Plan Name	Plan Name is required.	Enter a Plan Name when TPL is being entered.
Policy Number	Policy Number is required.	Enter a Policy Number when TPL is being entered.
Procedure	A valid Procedure is required.	Enter a valid ICD-9 procedure.
Recipient ID	A valid Recipient ID is required and must be 13 digits.	Enter a valid 13 digit Recipient ID.
Relationship to Insured	Relationship to Insured is required.	Select a Relationship to Insured when TPL is applicable.
Surface	A valid Surface is required.	Enter a valid tooth surface code.
TPL Amount	TPL Amount is required when TPL records are present.	Enter a TPL Amount in the Dental Claim panel when data is entered into the TPL panel.
	TPL Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	TPL Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Tooth Number	Tooth Number is not valid.	Ensure that the tooth value is a valid value. Value = 00-33, A-T.
Total Charges	Total Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
Units	Units must be less than or equal to 999999999999.999.	Ensure the units billed are not greater than 999,999,999,999.999.
	Units must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Units are required.	Enter the detail units.

12.4.5 Dental Claim Panel Extra Features

Field	Field Type
Date of Birth	Read-only field displays after Recipient ID field populated.
First Name, MI	Read-only field displays after Recipient ID field populated.
Last Name	Read-only field displays after Recipient ID field populated.

Field	Field Type
NPI or MCD	Hyperlink appears after the Rendering Physician ID field is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.
Surface	There is a limit of five surfaces.

12.4.6 Dental Claim Panel Accessibility

12.4.6.1 To Access the Dental Claim Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Dental .	Dental Claim panel displays.

12.4.6.2 To Add on the Dental Claim Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Enter the recipient's Last Name .	
3	Enter the recipient's First Name .	
4	Enter Patient Account # .	
5	Select Emergency indicator from drop down list.	
6	Enter POS or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Select a related cause from the Cause 1 drop down list.	
8	Select a related cause from the Cause 2 drop down list.	
9	Enter TPL Amount .	
10	Click add in TPL section.	Activates fields for entry of data or selection from lists.
11	Enter Policy Number .	
12	Enter Plan Name .	

Step	Action	Response
13	Select Relationship to Insured from drop down list.	
14	Enter Carrier Code or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
15	Enter Paid Date .	
16	Enter policy holder Last Name .	
17	Enter policy holder First Name, MI .	
18	Enter policy holder Date of Birth .	
19	Click add in Detail section.	Activates fields for entry of data or selection from lists.
20	Enter Procedure code or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
21	Enter Tooth Number .	
22	Select Quadrant from drop down list.	
23	Enter Rendering Provider number or click [Search] to select from list.	Clicking [Search] activates the Rendering Provider ID Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
24	Enter DOS .	
25	Enter Units .	
26	Enter Charges .	
27	Enter POS or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
28	Click add in Surfaces section.	Activates fields for entry of data or selection from lists.
29	Select Surface from drop down list.	
30	Click add in Detail section to add another service line and repeat steps 21 thru 30.	Activates fields for entry of data or selection from lists.
31	Click submit .	Submits dental claim.

12.4.6.3 To Update on the Dental Claim Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click adjust, void or re-submit .	Submits an adjustment, void or re-submits a denied dental claim.

12.5 Institutional

12.5.1 Institutional Claim Panel Narrative

The Institutional panel allows an institutional provider to submit an inpatient, outpatient, long term care (LTC), or crossover claim, and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit an institutional claim, including multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Institutional Claim panel includes the following sections:

- Institutional Claim
- Diagnosis
- TPL
- Medicare Information
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Click the link to activate and display the following panels. Only one panel can be displayed at a time.

- Condition
- Payer
- Procedure
- Occurrence

Navigation Path: [Claim] – [Institutional] OR [Claim]-[click on Institutional link] OR [Claim] – [Search] - [search for institutional claims]-[select institutional claim from search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

12.5.2 Institutional Claim Panel Layout

Institutional Claim	
Billing Information	
ICN	
Provider ID	1770 NPI
Provider Name	RUSH FOUNDATION HOSPITAL
Recipient ID*	<input type="text"/>
Last Name*	<input type="text"/>
First Name*	<input type="text"/>
Date of Birth	<input type="text"/>
Patient Account #	<input type="text"/>
Medical Record #	<input type="text"/>
Attending Phys*	<input type="text"/> [Search]
Referring Phys	<input type="text"/> [Search]
Operating Physician	<input type="text"/> [Search]
Diagnosis	
Admitting Diagnosis	<input type="text"/> [Search] <input type="text"/>
E-Code	<input type="text"/> [Search] <input type="text"/>
Primary Diagnosis	<input type="text"/> [Search] <input type="text"/>
Patient Rsn Visit1	<input type="text"/> [Search] <input type="text"/>
Patient Rsn Visit2	<input type="text"/> [Search] <input type="text"/>
Patient Rsn Visit3	<input type="text"/> [Search] <input type="text"/>
Service Information	
Claim Type*	<input type="text"/>
Service Authorization	<input type="text"/>
Delay Reason	<input type="text"/>
Type Of Bill*	<input type="text"/>
From Date*	<input type="text"/>
To Date*	<input type="text"/>
Patient Status	<input type="text"/> [Search]
Admission Type	<input type="text"/> [Search]
Admission Date	<input type="text"/>
Admission Hour	<input type="text"/>
Discharge Time	<input type="text"/>
Covered Days	0
Non Covered Days	0
Charges	
TPL Amount	\$0.00
Total Charges	\$0.00
Total Copay	\$0.00
Total Paid Amount	\$0.00
<p>Click the link below to activate the corresponding panel: Condition Procedure Occurrence</p>	
Diagnosis	
Sequence	ICD Version
Type data below for new record.	
Sequence	1
Diagnosis*	<input type="text"/> [Search] <input type="text"/>
<input type="button" value="delete"/> <input type="button" value="add"/>	
TPL	
*** No rows found ***	
Select row above to update -or- click Add button below.	
Policy Number	<input type="text"/>
Plan Name	<input type="text"/>
Relationship to Insured	<input type="text"/>
Carrier Code	<input type="text"/> [Search]
Carrier Name	<input type="text"/>
Payer Respons. Code	Primary
Paid Date	<input type="text"/>
Paid Amt	<input type="text"/>
Deductible Amt	<input type="text"/>
CoInsurance Amt	<input type="text"/>
CoPay Amt	<input type="text"/>
Policy Holder	
Last Name	<input type="text"/>
First Name, MI	<input type="text"/>
Date of Birth	<input type="text"/>
<input type="button" value="delete"/> <input type="button" value="add"/>	

Detail							
Item	Status	Revenue Code	HCPCS	Units	Charges	Non Covered Charges	Allowed Amount
A	1			0	\$0.00	\$0.00	\$0.00
Type data below for new record.							
Item	1	Revenue Code*	<input type="text"/> [Search]				
Detail Status		HCPCS	<input type="text"/> [Search]				
From DOS	<input type="text"/>	Modifier 1	<input type="text"/> [Search]				
To DOS	<input type="text"/>	Modifier 2	<input type="text"/> [Search]				
Units*	0	Modifier 3	<input type="text"/> [Search]				
Charges*	\$0.00	Modifier 4	<input type="text"/> [Search]				
Non Covered Charges	\$0.00	Units of Measurement	<input type="text"/> Unit				
		Allowed Amount	\$0.00				
		CoPay Amount	\$0.00				
							<input type="button" value="delete"/> <input type="button" value="add"/>
Claim Status Information							
Claim Status	Not Submitted						
							<input type="button" value="submit"/> <input type="button" value="cancel"/>
Adjustment Information							
ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID	
4402363923643	09/10/2002	09/13/2002	DENIED	99	X989		
Claim Status Information							
Claim Status	PAID						
Claim ICN	4003403402055						
Paid Date	07/22/2002						
Allowed Amount	\$32.00						
EOB Information							
Detail Number	Code	Description					
1	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.					
2	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.					
3	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.					

NOTE:

Section 10.5.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the institutional claim form. Please refer to section 10.5.6.2 for step by step instructions on how to complete the institutional claim form.

12.5.3 Institutional Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
submit	This button submits a claim for adjudication.	Button	N/A	0
void	This button submits a void request for a paid claim.	Button	N/A	0
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4
Admission Date	Displays the date that the recipient was admitted by the provider for inpatient care, outpatient care or start of care.	Field	Date (MM/DD/CCYY)	10
Admission Hour	Displays the hour during which the patient was admitted for inpatient or outpatient care, in military time.	Field	Number (Integer)	4
Admission Type	Displays the code which indicates the priority of the admission for inpatient or outpatient care.	Field	Character	2
Admitting Diagnosis	This field is used for the Admitting Diagnosis Code for Inpatient claims and for the Patient Reason For Visit Diagnosis Code for certain outpatient claims.	Field	Character	7
Allowed Amount	Displays the amount approved to pay for services provided to a recipient. (Read-Only)	Field	Number (Decimal)	9
Attending Phys#	Displays the identification number of the physician who would be expected to certify and recertify the medical necessity of the services rendered and /or who has primary responsibility for the patient's medical care and treatment.	Field	Alphanumeric	10
Carrier Code	Displays the 5-digit carrier code that identifies the recipient's third party liability's insurance plan.	Field	Number (Integer)	5
Carrier Name	Displays the carrier name based on the carrier code entered. (Read-Only)	Field	Character	45

Field	Description	Field Type	Data Type	Length
Charges	Displays the usual and customary charge for the service provided.	Field	Number (Decimal)	13
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code and description that specifies the type of claim. Note: Long Term Care Crossover claims are listed as claim type A – UB04 Inst Xover Claims.	Combo Box	Drop Down List Box	0
CoPay Amount	Displays the amount recipient is to pay for service rendered. (Read-Only)	Field	Number (Decimal)	9
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
Coinsurance Amount	Displays the amount which represents the recipients' coinsurance payment.	Field	Number (Decimal)	8
Coinsurance Days	Displays the amount of coinsurance days used during the inpatient stay on this claim.	Field	Number (Integer)	5
Condition	Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.	Field	Character	2
CoPay Amt	Copay amount the third party payer applied to this claim.	Field	Number(Decimal)	10
Covered Days	Displays the number of days covered for the statement period of the claim.	Field	Number (Integer)	5
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Deductible Amount	Displays the amount the recipient must pay before Medicare.	Field	Number (Decimal)	8
Delay Reason	Displays the delay reason codes that are used by specific Medicaid providers. These do not affect hospitals, State Mental Health or Nursing Home providers. These delay reasons cannot override claims over the year past filing limit.	Combo Box	Drop Down List Box	0
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Alphanumeric	79
Detail	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Diagnosis	Displays the diagnosis code.	Field	Character	7
Discharge Time	Displays the discharge time.	Field	Number (Integer)	4
District Plan	Displays the district code that identifies the type of encounter. H01 – H08 identifies a Partnership Hospital Program claim. P01 – P14 identifies a Maternity Care claim. (Read-Only)	Field	Alphanumeric	5
Drug Unit Price	Price per unit of product.	Field	Number(Integer)	19
E-code	Displays the E-code.	Field	Character	7
First Name	Displays the first name of the recipient.	Field	Character	35
First Name, MI	Displays the first name and middle initial of third party policy holder.	Field	Character	35
From DOS	Displays the beginning date on which service was provided.	Field	Date (MM/DD/CCYY)	10
From Date	Displays the date on which the statement period on the claim began. Occurrence: The date when the occurrence code began.	Field	Date (MM/DD/CCYY)	10
HCPCS	Displays the code that identifies the service that was provided.	Field	Alphanumeric	6

Field	Description	Field Type	Data Type	Length
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Item	Displays the line item number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient. TPL: Displays the last name of third party policy holder.	Field	Character	60
Lifetime Reserve Days	Displays the amount of lifetime reserve days used during the inpatient stay on this claim. Under Medicare, each beneficiary has a lifetime reserve of 60 additional days of inpatient hospital services after using 90 days of inpatient hospital services during a spell of illness.	Field	Number (Integer)	5
Location	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
Medical Record#	Displays the medical record number assigned to the recipient by the provider for the service that was performed.	Field	Alphanumeric	50
Medicare Allowed Amount	Displays the amount allowed by Medicare.	Field	Number (Decimal)	10
Medicare Paid Amount	Displays the amount paid by Medicare.	Field	Number (Decimal)	10
Medicare Paid Date	Displays the date Medicare paid for the services rendered.	Field	Date (MM/DD/CCYY)	10
Modifier 1	Displays the first modifier when applicable.	Field	Number (Integer)	2
Modifier 2	Displays the second modifier when applicable.	Field	Number (Integer)	2
Modifier 3	Displays the third modifier when applicable.	Field	Number (Integer)	2
Modifier 4	Displays the fourth modifier when applicable.	Field	Number (Integer)	2
NDC	This is the National Drug Code.	Field	Character	16
NDC Sequence Number	The number of the detail on a claim record. (Read Only)	Field	Number(Integer)	4

Field	Description	Field Type	Data Type	Length
Non Covered Charges	Displays the amount not covered by insurance.	Field	Number (Decimal)	8
Non Covered Days	Displays the number of days not covered for the statement period of the claim.	Field	Number (Integer)	5
Occurrence	Displays the code identifying a significant event relating to this bill that may affect payer processing.	Field	Character	2
Operating Physician	Displays the identification number of other physician who performed services.	Field	Alphanumeric	10
Paid Amt	The total paid amount for this claim by the Third Party Payer.	Field	Number (Decimal)	10
Paid Date	Displays the date the claim was billed and paid. (Read-Only) Medicare: Displays the date Medicare paid for the services. TPL: Displays the date third party policy paid for the services.	Field	Date (MM/DD/CCYY)	10
Patient Account#	Displays the identification for a recipient assigned by a provider and used in their system.	Field	Alphanumeric	38
Patient Rsn Visit1	This field is used for the Patient Reason Visit1 Code for outpatient claims.	Field	Character	7
Patient Rsn Visit2	This field is used for the Patient Reason Visit2 Code for outpatient claims.	Field	Character	7
Patient Rsn Visit3	This field is used for the Patient Reason Visit3 Code for outpatient claims.	Field	Character	7
Patient Status	Displays the code which indicates the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Alphanumeric	2
Payer	Displays if the payer is Medicaid, Medicare, or other third party.	Combo Box	Drop Down List Box	0
Payer Respons. Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the third party liability's plan name.	Field	Alphanumeric	60
Policy Number	Displays the third party liability's policy number.	Field	Alphanumeric	30
PoA Indicator	Displays the PoA indicator associated to diagnosis code for UB92 claims	Combo Box	Alphanumeric	1

Field	Description	Field Type	Data Type	Length
Prescription Number	The prescription number.	Field	Character	50
Prescription Qualifier	The Prescription Qualifier.	Combo Box	Character	3
Primary Diagnosis	Displays the Primary Diagnosis code.	Field	Character	7
Primary NDC	Indicates the selected NDC, is the primary NDC.	Check Box	N/A	0
Prior Payment	Displays the amount that has been received prior to this billing from this payer.	Field	Number (Decimal)	9
Procedure	Displays the surgical code which identifies the service provided.	Field	Character	7
Procedure Date	Displays the date on which the surgical procedure code was performed.	Field	Date (MM/DD/CCYY)	10
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read Only and defaulted on header panel.)	Field	Alphanumeric	15
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
Referring Phys	Displays the identification number of the referring physician.	Field	Alphanumeric	10
Relationship to Insured	Displays the third party liability's insured relationship.	Combo Box	Drop Down List Box	0
Revenue Code	Displays the code which identifies a specific accommodation, ancillary service or billing calculation.	Field	Character	4
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Label	Alphanumeric	2
Service Authorization	Displays the type of maternity override or if the service was due to an emergency.	Combo Box	Drop Down List Box	0
TPL Amount	Displays the dollar amount paid by a third party liability insurance. (Read-Only)	Field	Number (Decimal)	15
To DOS	Displays the ending date on which service was provided.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
To Date	Displays the date on which the statement period on the claim ended.	Field	Date (MM/DD/CCYY)	10
Total Charges	Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)	Field	Number (Decimal)	13
Total Copay	Displays the total amount recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Total Paid Amount	Displays the total amount paid. (Read-Only).	Field	Number (Decimal)	13
Type Of Bill	Displays bill type on a UB04 claim form.	Field	Alphanumeric	3
Units of Measurement	Displays the measurement of units. (Read-Only)	Combo Box	Drop Down List Box	0
Units	Displays the units of service on this detail.	Field	Number (Integer)	6
UOM	Code specifying the units in which a value is being expressed.	Combo Box	Character	0
Unit Quantity Calculated	This is the unit quantity calculated.	Field	Number (Integer)	18
Unit Quantity Submitted	This is the unit count that the provider submitted. The Drug – not HCPCS – units.	Field	Number (Integer)	18

12.5.4 Institutional Panel Field Edit Error Codes

Field	Error Message	To Correct
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.
submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
void	Void was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
Admission Date	Admission Date is required for the selected Claim Type.	Enter the Admission Date when the claim type is Inpatient, Long Term Care or Inpatient Crossover.
	Admission Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Admission Hour	Admission Hour must be Numeric.	Enter a 4 digit numeric value represent time.

Field	Error Message	To Correct
	Admission Hour must be 4 character(s) in length.	Ensure the Admission Hour is valid and in HHMM format.
	Admission Hour is required for the selected Claim Type and Type of Bill.	Enter the Admission Hour when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.
Admission Type	Admission Type is required for the selected Claim Type and Type of Bill.	Enter the Admission Type when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.
	Admission Type contains an invalid value.	Enter a valid Admission Type.
Admission Type	Admission Type is required for the selected Claim Type and Type of Bill.	Enter the Admission Type when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
	Exceeded maximum number of details.	Enter a claim with 999 detail lines or less.
Attending Phys	Attending Phys is required.	Enter a valid Attending Physician.
	A valid Attending Physician is required.	Enter a valid Attending Physician.
Carrier Code	Carrier Code is required.	Enter a valid Carrier Code.
Charges	Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
	Charges must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Charges are required.	Enter the detail charges.
Claim Type	A valid Claim Type is required.	Enter a valid Claim Type.
Coinsurance Amount	Coinsurance Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	Coinsurance Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Coinsurance Days	Coinsurance Days must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
	Coinsurance Days must be less than or equal to 9999.99.	Ensure that the number of days is not greater than 9999.
Condition	A valid Condition is required.	Enter a valid condition if adding Conditions.

Field	Error Message	To Correct
Covered Days	Covered Days must be less than or equal to 9999.	Ensure that the number of days is not greater than 9999.
	Covered Days is required for the selected Claim Type.	Enter the Covered Days when the claim type is Inpatient, Long Term Care or Inpatient Crossover.
Date of Birth	Date of Birth is required.	Enter a date of birth in the TPL panel.
	Date of Birth must be less than or equal to Today.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
	Date of Birth must be greater than or equal to 01/01/1900.	Enter a Date of Birth greater than or equal to 01/01/1900.
	Date of Birth must be less than or equal to 12/31/2299.	Enter a Date of Birth less than or equal to 12/31/2299.
Deductible Amount	Deductible Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	Deductible Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Diagnosis	A valid Diagnosis is required.	Enter a valid diagnosis code.
Discharge Time	Discharge Time is not valid.	Ensure the Discharge Time is valid and in HHMM format.
First Name	First Name is required.	Enter the recipient's first name.
First Name, MI	First Name is required.	Enter a first name when TPL is applicable.
From DOS	From DOS must be less than or equal to To DOS.	Ensure From DOS is less than or equal to the To DOS.
	From DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From DOS must be greater than or equal to 1/1/1990.	Enter a From date of service that is greater than or equal to 1/1/1990.
	From DOS must be less than or equal to 12/31/2299.	Enter a From date of service that is less than or equal to 12/31/2299.
From Date	From Date is required.	Enter a from date.
	From Date must be less than or equal to To Date.	Ensure From Date is less than or equal to the To Date.
	From Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From Date must be greater than or equal to 01/01/1990.	Ensure From Date is greater than or equal to 01/01/1990.
	From Date must be less than or equal to 12/31/2299.	Ensure From Date is less than or equal to 12/31/2299.
HCPCS	HCPCS contains an invalid value.	Enter a valid HCPCS code.

Field	Error Message	To Correct
ICD Version	ICD Version for Diagnosis and Procedure codes should be the same type.	Ensure version type of all diagnosis codes and Procedure codes are same.
Last Name	Last Name is required.	Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable.
Lifetime Reserve Days	Lifetime Reserve Days must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
	Lifetime Reserve Days must be less than or equal to 9999.99.	Ensure that the number of days is not greater than 9999.
Medicare Allowed Amount	Medicare Allowed Amount must be less than or equal to 99999999.99.	Ensure that the amount is not greater than \$99,999,999.99.
	Medicare Allowed Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Medicare Paid Amount	Medicare Paid Amount must be less than or equal to 99999999.99.	Ensure that the amount is not greater than \$99,999,999.99.
	Medicare Paid Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Medicare Paid Date	Medicare Paid Date is required.	Enter a Medicare Paid Date when crossover information is entered.
	Medicare Paid Date must be greater than or equal to 01/01/1900.	Enter a Medicare Paid Date greater than or equal to 01/01/1900.
	Medicare Paid Date must be less than or equal to 12/31/2299.	Enter a Medicare Paid Date less than or equal to 12/31/2299.
	Medicare Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Modifier 1	Modifier 1 contains an invalid value.	Enter a valid Modifier Code.
Modifier 2	Modifier 2 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
Modifier 3	Modifier 3 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
Modifier 4	Modifier 4 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
NDC	NDC contains invalid characters. Please	Enter a NDC number that does not contain special

Field	Error Message	To Correct
	enter only Numeric characters in this field.	characters.
	NDC is required. Please type or select a valid NDC.	Enter a valid National Drug Code, or select one from the Search panel.
Non Covered Charges	Non Covered Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
	Non Covered Charges must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Non Covered Days	Non Covered Days must be less than or equal to 9999.	Ensure that the number of days is not greater than 9999.
Occurrence Code	A valid Occurrence Code is required.	Enter a valid Occurrence Code if Occurrence is being added.
Operating Physician	A valid Operating Physician is required.	Enter a valid Operating Physician.
Paid Date	Paid Date is required.	Enter a Paid Date when TPL is being entered.
	Paid Date must be greater than or equal to 01/01/1900.	Enter a Paid Date greater than or equal to 01/01/1900.
	Paid Date must be less than or equal to 12/31/2299.	Enter a Paid Date less than or equal to 12/31/2299.
	Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Patient Status	Patient Status is required for the selected Claim Type.	Enter the Patient Status when the claim type is Inpatient, Long Term Care or Inpatient Crossover.
	Patient Status contains an invalid value.	Enter a valid Patient Status.
Payer	Payer is required.	Enter a valid payer if adding Payers.
Plan Name	Plan Name is required.	Enter a Plan Name when TPL is being entered.
Policy Number	Policy Number is required.	Enter a Policy Number when TPL is being entered.
Prescription Number	Prescription Number is required when Prescription Qualifier is selected.	Enter Prescription Number when you have Prescription Qualifier selected.
Prescription Qualifier	Prescription Qualifier is required when Prescription Number is entered.	Select Prescription Qualifier from the drop down when you entered Prescription Number.
Prior Payment	Prior Payment must be greater than \$0.00.	Ensure that the amount is greater than 0.
	Prior Payment must be greater than or equal to \$0.00.	Ensure that the amount is greater than or equal to 0.
	Prior Payment must be less than or equal to 9999999.99.	Ensure that the amount is not greater than \$9,999,999.99.
Procedure	A valid Procedure is required.	Enter a valid ICD procedure.

Field	Error Message	To Correct
Procedure Date	Procedure Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	Procedure Date must be greater than or equal to 1/1/1990.	Enter a Procedure Date that is greater than or equal to 1/1/1990.
	Procedure Date must be less than or equal to 12/31/2299.	Enter a Procedure Date that is less than or equal to 12/31/2299.
Recipient ID	Recipient ID is required and must be 13 digits.	Enter a valid 13 digit Recipient ID.
Referring Physician	A valid Referring Phys is required.	Enter a valid Referring Physician.
Relationship to Insured	Relationship to Insured is required.	Select a Relationship to Insured when TPL is applicable.
Revenue Code	A valid Revenue Code is required.	Enter a valid Revenue Code.
TPL Amount	TPL Amount must be less than or equal to 9999999.99.	Ensure that the amount is not greater than \$999,999.99.
	TPL Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
To DOS	To DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
	To DOS must be greater than or equal to 1/1/1990.	Enter a To date of service that is greater than or equal to 1/1/1990.
	To DOS must be less than or equal to 12/31/2299.	Enter a To date of service that is less than or equal to 12/31/2299.
To Date	To Date is required.	Enter a To Date at the header. The Occurrence To Date is optional.
	From Date must be less than or equal to To Date.	Ensure From Date is less than or equal to the To Date.
	To Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	To Date must be greater than or equal to 1/1/1990.	Ensure To Date is greater than or equal to 1/1/1990.
	To Date must be less than or equal to 12/31/2299.	Ensure To Date is less than or equal to 12/31/2299.
Total Charges	Total Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
Type Of Bill	Type Of Bill is required.	Enter a valid Type of Bill.
	Type Of Bill must be at least 3 characters in length.	Enter a valid Type of Bill.
	Type Of Bill is not valid.	Enter a valid Type of Bill.

Field	Error Message	To Correct
Unit Rate	Unit Rate Amount must be less than or equal to 999999.9999.	Ensure that the amount is not greater than \$999,999.9999.
	Unit Rate must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Units	Units must be less than or equal to 999999999999.999.	Ensure the units billed are not greater than 999,999,999,999.999.
	Units must be greater than 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Units are required.	Enter the detail units.

12.5.5 Institutional Claim Panel Extra Features

Field	Field Type
Carrier Name	Read-only field displays after Carrier Code field populated.
Date of Birth	Read-only field displays after Recipient ID field populated.
NPI or MCD	Hyperlink appears after the Attending Phys, Referring Phys or Operating Physician field(s) is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.

12.5.6 Institutional Claim Panel Accessibility

12.5.6.1 To Access the Institutional Claim Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.

12.5.6.2 To Add on the Institutional Claim Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Enter the recipient's Last Name .	
3	Enter the recipient's First Name .	
4	Enter Patient Account # .	
5	Enter Medical Record # .	
6	Enter Attending Phys or click [Search] to select from list.	Clicking [Search] activates the Attending Phys Search panel. Refer to Chapter 14 for additional

Step	Action	Response
		information regarding this pop-up panel.
7	Enter Referring Phys or click [Search] to select from list.	Clicking [Search] activates the Referring Phys Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
8	Enter Operating Physician or click [Search] to select from list.	Clicking [Search] activates the Operating Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
9	Enter Admitting Diagnosis or Patient Reason for Visit and click [Search] to select from list.	Clicking [Search] activates the Admitting Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
10	Select Claim Type from drop down list.	
11	Select Service Authorization from drop down list.	
13	Select Delay Reason from drop down list.	
14	Enter Type Of Bill .	
15	Enter From Date .	
16	Enter To Date .	
17	Enter Patient Status or click [Search] to select from list.	Clicking [Search] activates the Patient Status Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
18	Enter Admission Type or click [Search] to select from list.	Clicking [Search] activates the Admission Type Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
19	Enter Admission Date .	
20	Enter Admission Hour .	
21	Enter Discharge Time .	
22	Enter Covered Days .	
23	Enter Non Covered Days .	
24	Click Condition .	Condition panel displays. Please refer to section 10.6.6.2 for step by step instructions on how to complete the Condition panel.
25	Click Payer .	Payer panel displays. Please refer to section 10.7.6.2 for step by step instructions on how to complete the Condition panel.
26	Click Procedure .	Procedure panel displays. Please refer to section 10.8.6.2 for step by step instructions on how to complete the Condition panel.
27	Click Occurrence .	Occurrence panel displays. Please refer to section 10.9.6.2 for step by step instructions on how to complete the Condition panel.

Step	Action	Response
28	Enter Sequence .	
29	Enter Diagnosis or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
30	Click add in Diagnosis section to add another diagnosis and repeat steps 28 thru 29.	Activates fields for entry of data or selection from lists.
31	Click add in TPL section.	Activates fields for entry of data or selection from lists.
32	Enter Policy Number .	
33	Enter Plan Name .	
34	Select Relationship to Insured from drop down list.	
35	Enter Carrier Code or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
36	Select Payer Respons. Code from drop down list.	
37	Enter TPL Paid Date .	
38	Enter policy holder Last Name .	
39	Enter policy holder First Name, MI .	
40	Enter policy holder Date of Birth .	
41	Click add in TPL section to add another TPL carrier and repeat steps 32 thru 39.	Activates fields for entry of data or selection from lists.
42	Enter Medicare Paid Date .	
43	Enter Medicare Allowed Amount .	
44	Enter Medicare Paid Amount .	
45	Enter Lifetime Reserve Days .	
46	Enter Deductible Amount .	
47	Enter Coinsurance Amount .	
48	Enter Coinsurance Days .	
49	Enter From DOS .	
50	Enter To DOS .	
51	Enter Units .	
52	Enter Charges .	
53	Enter Non Covered Charges .	
54	Enter Revenue Code or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.

Step	Action	Response
55	Enter HCPCS or click [Search] to select from list.	Clicking [Search] activates the HCPCS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
56	Enter Unit Rates .	
57	Enter Modifiers or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
58	Click add in Detail section to add another service line and repeat steps 48 thru 56.	Activates fields for entry of data or selection from lists.
59	Click submit .	Submits institutional claim.

12.5.6.3 To Update on the Institutional Claim Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click adjust, void or re-submit .	Submits an adjustment, void or re-submits a denied institutional claim.

12.6 Condition Panel

12.6.1 Condition Panel Narrative

The Condition panel allows users to add condition information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Condition]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

12.6.2 Condition Panel Layout

The screenshot shows a web interface for adding a condition. At the top, there is a table with columns 'Sequence', 'Condition', and 'Description'. Below the table, there is a text prompt 'Type data below for new record.' followed by two input fields: 'Sequence*' and 'Condition*', both with asterisks indicating they are required. A '[Search]' button is located to the right of the 'Condition*' field. At the bottom right of the form area, there are two buttons: 'delete' and 'add'.

12.6.3 Condition Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
Condition	Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.	Field	Character	2
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	2

12.6.4 Condition Panel Field Edit Error Codes

Field	Error Message	To Correct
Condition	A valid Condition is required.	Enter a valid condition if adding Conditions.
Sequence	Sequence is required.	Enter a valid Sequence number.
	Sequence must be greater than or equal to 1.	Ensure that the Sequence is greater than or equal to 1.
	Sequence must be Numeric.	Ensure the Sequence is numeric.

Field	Error Message	To Correct
	Sequence contains duplicates.	Enter a unique Sequence.

12.6.5 Condition Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.6.6 Condition Panel Accessibility

12.6.6.1 To Access the Condition Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Condition .	Condition panel displays.

12.6.6.2 To Add on the Condition Panel

Step	Action	Response
1	Click add .	Activates fields for entry of data or selection from lists.
2	Enter Sequence .	
3	Enter Condition or click [Search] to select from list.	Clicking [Search] activates the Condition Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Click submit .	Submits institutional claim.

12.6.6.3 To Update on the Condition Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click submit .	Submits institutional claim.

12.7 Payer

12.7.1 Payer Panel Narrative

The Payer panel allows users to add payer information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Payer]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

12.7.2 Payer Panel Layout

12.7.3 Payer Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
Payer	Displays if the payer is Medicaid, Medicare, or other third party.	Combo Box	Drop Down List Box	0
Prior Payment	Displays the amount that has been received prior to this billing from this payer.	Field	Number (Decimal)	9
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	2

12.7.4 Payer Panel Field Edit Error Codes

Field	Error Message	To Correct
Payer	Payer is required.	Enter a valid payer if adding Payers.
Prior Payment	Prior Payment must be greater than \$0.00.	Ensure that the amount is greater than 0.

Field	Error Message	To Correct
	Prior Payment must be greater than or equal to \$0.00	Ensure that the amount is greater than or equal to 0.
	Prior Payment must be less than or equal to 9999999.99.	Ensure that the amount is not greater than \$9,999,999.99.
Sequence	Sequence is required.	Enter a valid sequence number.
	Sequence must be greater than or equal to 1.	Ensure that the sequence is greater than or equal to 1.
	Sequence must be less than or equal to 3.	Ensure that the sequence is greater than or equal to 3 on the Payer panel.
	Sequence must be Numeric.	Ensure the sequence is numeric.
	Sequence contains duplicates.	Enter a unique sequence.

12.7.5 Payer Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.7.6 Payer Panel Accessibility

12.7.6.1 To Access the Payer Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Payer .	Payer panel displays.

12.7.6.2 To Add on the Payer Panel

Step	Action	Response
1	Click add .	Activates fields for entry of data or selection from lists.
2	Enter Sequence .	
3	Select Payer from drop down list.	
4	Enter Prior Payment .	
5	Enter Estimated Amount Due .	
6	Click submit .	Submits institutional claim.

12.7.6.3 To Update on the Payer Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click submit .	Submits institutional claim.

12.8 ICD Procedures

12.8.1 ICD Procedures Panel Narrative

The ICD Procedures panel allows users to add surgical procedure information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Procedure]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

12.8.2 ICD Procedures Panel Layout

12.8.3 ICD Procedures Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
Description	Displays the Medical Description of surgical or diagnostic procedure.	Field	Alphanumeric	60
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1
Procedure	Displays the surgical code which identifies the service provided.	Field	Character	7
Procedure Date	Displays the date on which the surgical procedure code was performed.	Field	Date (MM/DD/CCYY)	10
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	2

12.8.4 ICD Procedures Panel Field Edit Error Codes

Field	Error Message	To Correct
Procedure	A valid Procedure is required.	Enter a valid ICD procedure.
Procedure Date	Procedure Date must be greater than or equal to 01/01/1990.	Enter a Procedure Date that is greater than or equal to 01/01/1990.
	Procedure Date must be less than or equal to 12/31/2299.	Enter a Procedure Date that is less than or equal to 12/31/2299.

12.8.5 ICD Procedures Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.8.6 ICD Procedures Panel Accessibility

12.8.6.1 To Access the ICD Procedures Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Procedure .	ICD Procedures panel displays.

12.8.6.2 To Add on the ICD Procedures Panel

Step	Action	Response
1	Click add .	Activates fields for entry of data or selection from lists.
2	Enter Sequence .	
3	Enter Procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure ICD Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter Procedure Date .	
5	Click submit .	Submits institutional claim.

12.8.6.3 To Update on the ICD Procedures Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click submit .	Submits institutional claim.

12.9 Occurrence

12.9.1 Occurrence Panel Narrative

The Occurrence panel allows users to add occurrence and duration information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Occurrence]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'cancel'.

12.9.2 Occurrence Panel Layout

12.9.3 Occurrence Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
From Date	Displays the date on which the statement period on the claim began. Occurrence: The date when the occurrence code began.	Field	Date (MM/DD/CCYY)	10
Occurrence Code	Displays the code identifying a significant event relating to this bill that may affect payer processing.	Field	Character	2
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	1
To Date	Displays the date on which the statement period on the claim ended. Occurrence: The date when the occurrence code ended.	Field	Date (MM/DD/CCYY)	10

12.9.4 Occurrence Panel Field Edit Error Codes

Field	Error Message	To Correct
From Date	From Date is required.	Enter a from date.
	From Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From Date must be greater than or equal to 01/01/1990.	Ensure From Date is greater than or equal to 01/01/1990.
	From Date must be less than or equal to 12/31/2299.	Ensure From Date is less than or equal to 12/31/2299.
Occurrence Code	A valid Occurrence Code is required.	Enter a valid Occurrence Code if Occurrence is being added.
Sequence	Sequence is required.	Enter a valid sequence number.
	Sequence must be greater than or equal to 1.	Ensure that the sequence is greater than or equal to 1.
	Sequence must be Numeric.	Ensure the sequence is numeric.
	Sequence contains duplicates.	Enter a unique sequence.
TO Date	From Date must be less than or equal to To Date.	From Date must be less than or equal to To Date.
	From Date must be greater than or equal to 01/01/1990.	Ensure From Date is greater than or equal to 01/01/1990.

12.9.5 Occurrence Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.9.6 Occurrence Panel Accessibility

12.9.6.1 To Access the Occurrence Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Occurrence .	Occurrence panel displays.

12.9.6.2 To Add on the Occurrence Panel

Step	Action	Response
1	Click add .	Activates fields for entry of data or selection from lists.
2	Enter Sequence .	
3	Enter Occurrence Code or click [Search] to	Clicking [Search] activates the Occurrence Code

Step	Action	Response
	select from list.	Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter From Date .	
5	Click submit .	Submits institutional claim.

12.9.6.3 To Update on the Occurrence Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click submit .	Submits institutional claim.

12.10 Pharmacy

12.10.1 Pharmacy Claim Panel Narrative

The Pharmacy panel allows a pharmacy provider to submit a claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a pharmacy claim, including multiple detail lines for a compounded drug claim. For a paid claim, the user has the option of updating selected fields and re-submitting the claim as an adjustment or to void an entire claim.

The Pharmacy Claim panel includes the following sections:

- Pharmacy Claim
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] – [Pharmacy] OR [Claim]-[click on Pharmacy link] OR [Claim] – [Search] - [search for pharmacy claims]-[select pharmacy claim from search results].

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

12.10.2 Pharmacy Claim Panel Layout

Pharmacy Claim		Prescription Information	
Billing Information		Charges	
ICN		Gross Due Amt*	\$0.00
Provider ID	1578503421 NPI	Usual/Cust Amt	\$0.00
Provider Name	PUBLIX PHARMACY # 0745	TPL Amount	\$0.00
Recipient ID*	<input type="text"/>	Dispensing Fee	\$0.00
Last Name*	<input type="text"/>	Copay	\$0.00
First Name*	<input type="text"/>	Total Paid Amount	\$0.00
Date of Birth		Patient Responsibility Amt	\$0.00
Prescriber License*	<input type="text"/> [Search]	DUR Overrides	
Prescriber Name		Intervention	Not Specified
Pregnancy	Unknown	Outcome	Not Specified
Emergency		Conflict Code	Not Specified
Nursing Facility			
Clarification Code 1	Not Specified		
Clarification Code 2	Not Specified		
Clarification Code 3	Not Specified		
Other Coverage Code	Not Specified		
TPL Date	<input type="text"/>		
Compound Dispensing Unit			
Compound Dosage Code			

Compound Drug Claim Detail

Detail			
Item	Status	NDC Code	Quantity
A	1		0
Type data below for new record.			
Item	1	NDC Code* <input type="text"/> [Search]	
Detail Status		Ingred Cost* <input type="text"/> \$0.00	
Quantity*	<input type="text"/> 0		
<input type="button" value="delete"/> <input type="button" value="add"/>			
Claim Status Information			
Claim Status	Not Submitted		
<input type="button" value="submit"/> <input type="button" value="cancel"/>			

NOTE:

Section 10.10.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the pharmacy claim form. Please refer to section 10.10.6.2 for step by step instructions on how to complete the pharmacy claim form.

12.10.3 Pharmacy Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to the detail panel. Only 25 detail lines are allowed for compound claim types.	Button	N/A	0
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
delete	This button is used to delete data from the detail panel.	Button	N/A	0
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
submit	This button submits a claim for adjudication.	Button	N/A	0
void	This button submits a void request for a paid claim.	Button	N/A	0
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4
Allowed Amount	Amount approved to pay for services provided to a recipient on claim type 'P' Pharmacy Claims. (Read-Only)	Field	Number (Decimal)	9
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13

Field	Description	Field Type	Data Type	Length
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code that specifies the type of claim.	Combo Box	Drop Down List Box	0
Clarification Code	Displays the code indicating that the pharmacist is clarifying the submission. Alabama recognizes a value of 8 for compound drugs.	Combo Box	Drop Down List Box	0
CoPay Amount	Displays the amount the recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Copay Exemption	Select 'Y' (Yes) if the Medicaid recipient is a Native American Indian with an active user letter from the Indian Health Services. Otherwise this field is left "blank".	Combo Box	Drop Down List Box	0
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
Conflict Code	Displays the code for the drug utilization review conflict.	Combo Box	Drop Down List Box	0
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date Dispensed	Displays the date on which a pharmacy filled a prescription for a recipient.	Field	Date (MM/DD/CCYY)	10
Date Prescribed	Displays the date on which physician prescribed a drug for a recipient.	Field	Date (MM/DD/CCYY)	10
Date of Birth	Displays the recipient's date of birth. (Read-Only and defaulted.)	Field	Date (MM/DD/CCYY)	10
Days Supply	Displays the number of days a prescribed drug should last a recipient.	Field	Number (Integer)	3
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Character	79

Field	Description	Field Type	Data Type	Length
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only)	Field	Alphanumeric	10
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
Dispense/Written	Displays the dispense as written indicator.	Combo Box	Drop Down List Box	0
Dispensing Fee	Displays the amount of the dispensing fee, if paid. Format 99999.99. (Read-Only)	Field	Number (Decimal)	7
Emergency	Displays if the service was provided as the result of an emergency situation.	Combo Box	Drop Down List Box	0
First Name	Displays the first name of the recipient.	Field	Character	35
Gross Due Amt	Total Amount Billed or Sum of Ingredient Cost.	Field	Number (Decimal)	13
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values are '9' for ICD-9, '0' for ICD-10 or blank if corresponding code is not present.	Combo Box	Drop Down List Box	1
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Ingred Cost	Cost of an ingredient on a Compound drug claim detail.	Field	Number (Decimal)	13
Intervention	Displays the pharmacist's interaction when a conflict code has been established.	Combo Box	Drop Down List Box	0
Item	Displays the detail line number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient.	Field	Character	60
Location	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
NDC Code	Displays the National Drug Code used to identify a specific drug.	Field	Alphanumeric	11
New/Refill	Displays if the prescription is new or a refill. '00' represents a "new" prescription.	Field	Character	2
Nursing Facility	Displays if the drug was prescribed in a nursing home facility.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Other Coverage Code	Displays the code that indicates the recipient's primary insurance coverage status on the particular prescription being filled.	Combo Box	Drop Down List Box	0
Outcome	Indicates the action taken by the pharmacist after a drug utilization review warning is returned.	Combo Box	Drop Down List Box	0
Paid Date	Displays the date the claim was billed and paid. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Patient Responsibility Amt	The patient's cost share from a previous payer.	Field	Number(Decimal)	10
Pregnancy	Displays the code indicating the patient as pregnant or not pregnant.	Combo Box	Drop Down List Box	0
Prescriber License	Displays the license number of the provider who prescribed the drugs being administered to the recipient.	Field	Alphanumeric	10
Prescriber Name	Displays the name of the prescriber. (Read-Only and defaulted on header panel.)	Field	Alphanumeric	2
Prescription Number	Displays the number which uniquely identifies a drug dispensed to a recipient.	Field	Alphanumeric	7
Prior Authorization	Displays the Prior Authorization number.	Field	Alphanumeric	10
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read-Only and defaulted on header panel.)	Field	Alphanumeric	15
Quantity	Displays the number of units of a drug dispensed to a recipient.	Field	Number (Integer)	14
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
TPL Amount	Displays the dollar amount paid by a third party liability insurance.	Field	Number (Decimal)	14
TPL Date	Displays the date the third party paid towards the drug.	Field	Date (MM/DD/CCYY)	10
Total Paid Amount	Displays the total amount paid. (Read-Only)	Field	Number (Decimal)	13
Usual/Cust Amt	Amount charged to the Recipient.	Field	Number (Decimal)	13

12.10.4 Pharmacy Claim Panel Field Edit Error Codes

Field	Error Message	To Correct
add	Only 25 details are allowed for Compound claim types.	Add button will be disabled after 25 detail lines for Compound claim types.
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.
submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
void	Void was successful. See Claim Status Information for details.	Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Date Dispensed	Date Dispensed is required.	Enter the dispensed date.
	Date Dispensed must be less than or equal to Today.	Enter a dispensed date that is less than or equal to today's date.
	Date Dispensed must be greater than or equal to 01/01/1990.	Enter a dispensed date that is greater than or equal to 01/01/1990.
	Date Dispensed must be less than or equal to 12/31/2299.	Enter a dispensed date that is less than or equal to 12/31/2299.
Date Prescribed	Date Prescribed is required.	Enter the prescribed date.
	Date Prescribed must be less than or equal to Today.	Enter a prescribed date that is less than or equal to today's date.
	Date Prescribed must be greater than or equal to 1/1/1990.	Enter a prescribed date that is greater than or equal to 1/1/1990.
	Date Prescribed must be less than or equal to 12/31/2299.	Enter a prescribed date that is less than or equal to 12/31/2299.
Days Supply	Days Supply is required.	Enter a Days Supply.
	Days Supply must be greater than 0.	Ensure that the days supply is greater than 0.
Diagnosis	Diagnosis contains an invalid value.	Enter a valid Diagnosis code, or use the search panel to search a valid code.

Field	Error Message	To Correct
First Name	First Name is required.	Enter the recipient's first name.
Gross Due Amt	Gross Due Amt must be greater than or equal to .01.	Enter a dollar amount equal to or greater than \$.01.
	Gross Due Amt must be equal to or greater than the Usual/Cust Amt	Verify the amount entered in the Gross Due Amt field is equal to or greater than the Usual/Cust Amt field.
	Gross Due Amt is Required	Enter the Gross Amount Due on the claim.
Ingrid Cost	Ingrid Cost must be less than or equal to 999999.99.	Enter a dollar amount equal to or less than 999999.99.
	Ingrid Cost must be greater than or equal to 0.01.	Enter a dollar amount equal to or greater than \$.01.
	Ingrid Cost is required.	Ingredient Cost is required on each compound drug claim detail.
Last Name	Last Name is required.	Enter the recipient's last name.
NDC Code	A valid NDC Code is required.	Enter a valid NDC code.
New/Refill	New/Refill is required.	Enter a New/Refill.
	New/Refill must be Numeric.	Enter a valid numeric value.
Prescriber License	A valid Prescriber License is required.	Enter a valid prescriber license.
Prescription Number	Prescription Number is required.	Enter a prescription number.
	Prescription Number must be AlphaNumeric.	Enter a prescription number that contains alpha [A-Z] or numeric [0-9] values.
Quantity	Quantity must be less than or equal to 9999999.999.	Ensure the quantity billed is not greater than 9,999,999.999.
	Quantity must be greater than or equal to 0.001.	Ensure that the quantity is greater than or equal to 0.001.
	Quantity is required.	Enter the detail quantity.
Recipient ID	Recipient ID is required and must be 13 digits.	Enter a valid 13 digit Recipient ID.
TPL Amount	TPL Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	TPL Amount must be greater than or equal to 0.	Enter a TPL amount greater than or equal to 0.
TPL Date	TPL Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	TPL Date must be greater than or equal to 1/1/1990.	Enter a TPL Date greater than or equal to 01/01/1900.

Field	Error Message	To Correct
	TPL Date must be less than or equal to 12/31/2299.	Enter a TPL Date less than or equal to 12/31/2299.

12.10.5 Pharmacy Claim Panel Extra Features

Field	Field Type
Date of Birth	Read-only field displays after Recipient ID field populated.
Prescriber ID	Entering and tabbing through the Prescriber ID field displays the Prescriber Name field.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.

12.10.6 Pharmacy Claim Panel Accessibility

12.10.6.1 To Access the Pharmacy Claim Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Pharmacy .	Pharmacy Claim panel displays.

12.10.6.2 To Add on the Pharmacy Claim Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Enter the recipient's Last Name .	
3	Enter the recipient's First Name .	
4	Enter Prescriber License or click [Search] to select from list.	Clicking [Search] activates the Prescriber License Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
5	Select Pregnancy indicator from drop down list.	
6	Select Emergency indicator from drop down list.	
7	Select Nursing Facility indicator from drop down list.	
8	Select Clarification Code from drop down list.	
9	Select Other Coverage Code from drop down list.	
10	Enter TPL Date .	
11	Select Claim Type from drop down list.	

Step	Action	Response
12	Enter Prescription Number .	
13	Enter Date Dispensed .	
14	Enter Date Prescribed .	
15	Enter New/Refill .	
16	Enter Days Supply .	
17	Select Dispense / Written from drop down list.	
18	Enter Prior Authorization # .	
19	Enter Diagnosis or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
20	Enter TPL Amount .	
21	Select Intervention from drop down list.	
22	Select Outcome from drop down list.	
23	Select Conflict Code from drop down list.	
24	Enter Quantity .	
25	Enter NDC Code (without dashes) or click [Search] to select from list.	Clicking [Search] activates the NDC Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
26	Click add in Detail section to add another service line and repeat steps 24 thru 26.	Activates fields for entry of data or selection from lists.
27	Click submit .	Submits pharmacy claim.

12.10.6.3 To Update on the Pharmacy Claim Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click adjust, void or re-submit .	Submits an adjustment, void or re-submits a denied pharmacy claim.

12.11 Professional

12.11.1 Professional Claim Panel Narrative

The Professional panel allows a medical provider to submit a professional or crossover claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a professional claim, to include multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Professional Claim panel includes the following sections:

- Professional Claim
- Diagnosis
- TPL
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] - [Professional] OR [Claim] - [Click on Professional link] OR [Claim] – [Search] - [search for professional claims]-[select professional claim from search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

12.11.2 Professional Claim Panel Layout

Professional Claim ? ⚙

Billing Information	Service Information								
<p>ICN</p> <p>Provider ID 1083765689 NPI</p> <p>Provider Name DEPT OF MNTL HLTH & MNTL RTR</p> <p>Recipient ID* <input type="text"/></p> <p>Last Name* <input type="text"/></p> <p>First Name* <input type="text"/></p> <p>Date of Birth <input type="text"/></p> <p>Medical Record # <input type="text"/></p> <p>Patient Account # <input type="text"/></p> <p>Referring Physician <input type="text"/> [Search]</p>	<p>Claim Type* M - PROFESSIONAL CLAIMS</p> <p>Service Authorization <input type="text"/></p> <p>Delay Reason <input type="text"/></p> <p>Related Causes</p> <p>Cause 1 <input type="text"/></p> <p>Cause 2 <input type="text"/></p> <p>Charges</p> <table style="width: 100%;"> <tr><td>TPL Amount</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Charges</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Copay</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Paid Amount</td><td style="text-align: right;">\$0.00</td></tr> </table>	TPL Amount	\$0.00	Total Charges	\$0.00	Total Copay	\$0.00	Total Paid Amount	\$0.00
TPL Amount	\$0.00								
Total Charges	\$0.00								
Total Copay	\$0.00								
Total Paid Amount	\$0.00								

Sequence	ICD Version	Diagnosis	Description
A	1	Type data below for new record.	
Sequence 1		Diagnosis* <input type="text"/> [Search] <input type="text"/>	
<input type="button" value="delete"/> <input type="button" value="add"/>			

TPL	
*** No rows found ***	
Select row above to update -or- click Add button below.	
<p>Policy Number <input type="text"/></p> <p>Plan Name <input type="text"/></p> <p>Relationship to Insured <input type="text"/></p> <p>Carrier Code <input type="text"/> [Search]</p> <p>Carrier Name <input type="text"/></p> <p>Payer Respons. Code Primary</p> <p>Paid Date <input type="text"/></p> <p>Paid Amt <input type="text"/></p> <p>Deductible Amt <input type="text"/></p> <p>CoInsurance Amt <input type="text"/></p> <p>CoPay Amt <input type="text"/></p> <p>Policy Holder</p> <p>Last Name <input type="text"/></p> <p>First Name, MI <input type="text"/></p> <p>Date of Birth <input type="text"/></p>	<input type="button" value="delete"/> <input type="button" value="add"/>

Detail									
Item	Status	From DOS	To DOS	Procedure	Units	Charges	Paid Amount		
A	1				0	\$0.00	\$0.00		
Type data below for new record.									
Item	1			POS*	[Search]				
Detail Status				Procedure*	[Search]				
From DOS*				Emergency	▼				
To DOS*				EPSDT Ref	▼				
Units*	0			Family Planning	▼				
Charges*	\$0.00			Copay Exemption	▼				
Rendering Physician*		[Search]		Allowed Amount	\$0.00				
Diagnosis Code Pointer*				CoPay Amount	\$0.00				
Modifier 1		[Search]		Paid Amount	\$0.00				
Modifier 2		[Search]		Ordering Physician	[Search]				
Modifier 3		[Search]		Referring Physician	[Search]				
Modifier 4		[Search]		Medicare Information					
Referring Physician		[Search]		Medicare Paid Date			Coinsurance Amount	\$0.00	
Original Medicare Paid Amount	\$0.00			Allowed Amount	\$0.00		Deductible Amount	\$0.00	
2% Sequestration Amount	\$0.00			Final Medicare Paid Amount	\$0.00				
eRX Reduction Amount	\$0.00								
<input type="button" value="delete"/> <input type="button" value="add"/>									
NDC (Detail Item 1)									
*** No rows found ***									
Select row above to update -or- click Add button below.									
NDC Sequence Number				Drug Unit Price					
NDC		[Search]		Unit Quantity Submitted					
UOM		▼		Unit Quantity Calculated					
Prescription Number				Primary NDC	<input type="checkbox"/>				
Prescription Qualifier		▼							
<input type="button" value="delete"/> <input type="button" value="add"/>									
Third Party Payments (Detail Item 1)									
*** No rows found ***									
Select row above to update -or- click Add button below.									
Carrier Code		▼							
Paid Date									
Paid Amt									
Deductible Amt									
CoInsurance Amt									
CoPay Amt									
<input type="button" value="delete"/> <input type="button" value="add"/>									
Claim Status Information									
Claim Status	Not Submitted								
<input type="button" value="submit"/> <input type="button" value="cancel"/>									

Adjustment Information						
ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
5007137137201	05/17/2007	05/21/2007	PAID	99	8200	
Claim Status Information						
Claim Status	ADJUSTED					
Claim ICN	2007129636868					
Paid Date	05/09/2007					
Allowed Amount	\$42.00					
EOB Information						
Detail Number	Code	Description				
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED				

NOTE:

This Section 12.11.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the professional claim form. Please refer to section 12.11.6.2 for step by step instructions on how to complete the professional claim form.

12.11.3 Professional Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
2% Sequestration Amount	The dollar amount of the 2% sequestration as required by the Affordable Care Act (ACA)	Field	Number (Decimal)	8
add	This button is used to add data to a panel (Diagnosis, TPL and Detail). This button becomes disabled in the Diagnosis panel after eight diagnoses have been added, and in the Detail panel after 50 details have been added.	Button	N/A	0
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4
Allowed Amount	Displays the amount approved to pay for services provided to a recipient. (Read-Only) Medicare: Displays the amount allowed by Medicare.	Field	Number (Decimal)	10
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
Carrier Code	Displays the 5-digit carrier code that identifies the recipient's TPL insurance plan.	Field	Number (Integer)	10
Carrier Name	Displays the carrier name based on the carrier code entered. (Read-Only)	Field	Character	45
Cause 1	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Cause 2	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Charges	Displays the usual and customary charge for the service provided.	Field	Number (Decimal)	13
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code and description that specifies the type of claim.	Combo Box	Drop Down List Box	0
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
Coinsurance Amount	Displays the amount which represents the recipients' coinsurance payment.	Field	Number (Decimal)	1
CoPay Amount	Displays the amount the recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Copay Exemption	Enter 'Y' (Yes) if the Medicaid recipient is a Native American Indian with an active user letter from the Indian Health Services. Otherwise this field is left "blank".	Combo Box	Drop Down List	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder	Field	Date (MM/DD/CCYY)	10
Deductible Amount	Displays the amount the recipient must pay before Medicare.	Field	Number (Decimal)	10

Field	Description	Field Type	Data Type	Length
Delay Reason	Displays the delay reason codes that are used by specific Medicaid providers. These do not affect hospitals, State Mental Health or Nursing Home providers. These delay reasons cannot override claims over the year past filing limit.	Combo Box	Drop Down List Box	0
delete	This button is used to delete data from a panel (Diagnosis, TPL and Detail).	Button	N/A	0
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Alphanumeric	79
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Diagnosis	Displays the diagnosis code.	Field	Character	7
Diagnosis Code Pointer	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Diagnosis Code Pointer 2	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Diagnosis Code Pointer 3	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Diagnosis Code Pointer 4	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Drug Unit Price	Price per unit of product.	Field	Number (Decimal)	19

Field	Description	Field Type	Data Type	Length
Emergency	Displays if the service was provided as the result of an emergency situation.	Combo Box	Drop Down List Box	0
EPSDT Ref	Displays if the service being billed is due to an EPSDT referral.	Combo Box	Drop Down List Box	0
eRX Reduction Amount	The dollar amount of the eRX reduction.	Field	Number (Decimal)	9
Family Planning	Displays if the service is family planning related.	Combo Box	Drop Down List Box	0
Final Medicare Paid Amount.	The dollar amount paid by Medicare for the services provided. The dollar amount paid by Medicare plus the 2% sequestration amount for the services provided.	Field	Number (Decimal)	10
First Name	Displays the first name of the recipient on the header.	Field	Character	35
First Name, MI	Displays the first name and middle initial of third party policy holder.	Field	Character	35
From DOS	Displays the beginning date on which service was provided.	Field	Date (MM/DD/CCYY)	10
ICD	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Item	Displays the line item number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient. TPL: Displays the last name of third party policy holder	Field	Character	60
Medical Record#	Displays the medical record number assigned to the recipient by the provider for the service that was performed.	Field	Alphanumeric	50
Medicare Paid Date	Displays the date Medicare paid for the services rendered.	Field	Date (MM/DD/CCYY)	10
Modifier 1	Displays the first modifier when applicable.	Field	Alphanumeric	2
Modifier 2	Displays the second modifier when applicable.	Field	Alphanumeric	2
Modifier 3	Displays the third modifier when applicable.	Field	Alphanumeric	2

Field	Description	Field Type	Data Type	Length
Modifier 4	Displays the fourth modifier when applicable.	Field	Alphanumeric	2
NDC	National Drug Code.	Field	Number (Integer)	16
NDC Sequence Number	Number of the detail on the claim record. Display Only.	Field	Number (Integer)	4
Original Medicare Paid Amount	The dollar amount paid by Medicare for the services provided. This amount reflects the subtraction of the 2% sequestration amount.	Field	Number (Decimal)	10
Paid Amount	Detail: Displays the dollar amount paid by Medicaid for the services. (Read-Only) Medicare: Displays the amount paid by Medicare	Field	Character	1
Paid Date	Displays the date the claim was billed and paid. (Read-Only) TPL: Displays the date the third party paid for the services rendered.	Field	Date (MM/DD/CCYY)	10
Patient Account#	Displays the identification for a recipient assigned by a provider and used in their system.	Field	Alphanumeric	38
Payer Respons. Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the TPL plan name.	Field	Alphanumeric	60
Policy Number	Displays the TPL policy number.	Field	Alphanumeric	30
POS	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
Prescription Number	The prescription number.	Field	Character	50
Prescription Qualifier	The prescription qualifier.	Field	Character	3
Primary NDC	Indicates the selected NDC is the primary NDC.	Check Box	N/A	0
Procedure	Displays the code which identifies the service provided.	Field	Alphanumeric	6
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read Only and defaulted on header panel.)	Field	Alphanumeric	15

Field	Description	Field Type	Data Type	Length
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
Referring Physician	Displays the identification number of the referring physician.	Field	Alphanumeric	10
Relationship to Insured	Displays the third party liabilities insured relationship.	Combo Box	Drop Down List Box	0
Rendering Physician	Displays the rendering (performing) provider's NPI number.	Field	Alphanumeric	10
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
Sequence	Displays the sequence number which indicates the position in which the diagnosis information occurs on the claim.	Field	Alphanumeric	2
Service Authorization	Displays the type of maternity override or if the service was due to an emergency.	Combo Box	Drop Down List Box	0
submit	This button submits a claim for adjudication.	Button	N/A	0
To DOS	Displays the ending date on which service was provided.	Field	Date (MM/DD/CCYY)	10
Total Charges	Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)	Field	Number (Decimal)	13
Total Copay	Displays the total amount the recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Total Paid Amount	Displays the total amount paid. (Read-Only).	Field	Number (Decimal)	13
TPL Amount	Displays the dollar amount paid by third party liability.	Field	Number (Decimal)	14
Unit Quantity Calculated	The unit quantity calculated.	Field	Number (Decimal)	18
Unit Quantity Submitted	The unit count that the provider submitted. The Drug units.	Field	Number (Decimal)	18
Units	Displays the units of service on this detail.	Field	Number (Integer)	12
UOM	Unit of Measure. Code specifying the units in which a value is being expressed.	Combo Box	Character	0
void	This button submits a void request for a paid claim.	Button	N/A	0

12.11.4 Professional Claim Panel Field Edit Error Codes

Field	Error Message	To Correct
2% Sequestration Amount	2% Sequestration Amount must be less than or equal to \$ 99999.99	Ensure that the amount is less than or equal to \$99999.99.
	2% Sequestration Amount must be greater than or equal to \$-99999.99.	Ensure that the amount is greater than or equal to \$-99999.99.
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
Copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.
Submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
Void	Void was successful. See Claim Status Information for details.	Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 – 9; date fields must only contain valid dates; character fields must only contain A – Z; alphanumeric fields must only contain A – Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
	Exceed maximum number of details.	Ensure that the maximum number of details are not exceeded – 50 detail lines.
	Exceed maximum number of diagnoses.	Ensure that the maximum number of diagnoses are not exceeded – 8 diagnosis lines.
Allowed Amount	Allowed Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	Allowed Amount must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
Carrier Code	Carrier Code is required.	Enter a valid Carrier Code.
Charges	Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
	Charges must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Charges is required.	Enter the detail charges.
Coinsurance Amount	Coinsurance Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.

Field	Error Message	To Correct
	Either Coinsurance Amount or Deductible Amount must be greater than \$0.00.	Ensure either the Coinsurance or Deductible Amount is greater than \$0.00.
Date of Birth	Date of Birth is required.	Enter a date of birth in the TPL panel.
	Date Of Birth must be less than or equal to Today.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
	Date of Birth must be greater than or equal to 01/01/1900.	Enter a Date of Birth greater than or equal to 01/01/1900.
	Date of Birth must be less than or equal to 12/31/2299.	Enter a Date of Birth less than or equal to 12/31/2299.
Deductible Amount	Deductible Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	Either Coinsurance Amount or Deductible Amount must be greater than \$0.00.	Ensure either the Coinsurance or Deductible Amount is greater than \$0.00.
Diagnosis	A valid Diagnosis is required.	Enter a diagnosis code.
Diagnosis Code Pointer	Diagnosis indicator must be less than or equal to number of diagnosis on the claim.	Ensure all of the numbers in any of the Diagnosis Code Pointer fields are less than or equal to the total number of diagnoses on the claim.
	Diagnosis Code Pointer cannot contain duplicate values.	Ensure the Diagnosis Code Pointer fields do not contain the same number for the same claim detail.
	Diagnosis Code Pointer is required.	Enter a diagnosis code pointer.
	Boxes must be completed left to right and cannot be skipped. At least one diagnosis indicator is required on each detail.	Verify the value and make sure all left side diagnosis indicator box is filled with value.
eRX Reduction Amount	eRX Reduction Amount must be less than or equal to 99999999.99.	Ensure that the amount is less than or equal to 99999999.99.
	eRX Reduction Amount must be greater than or equal to 99999999.99.	Ensure that the amount is greater than or equal to -99999999.99.
First Name	First Name is required.	Enter the recipient's first name.
First Name, MI	First Name is required.	Enter a First Name when TPL is applicable.
Final Medicare Paid Amount	Final Medicare Paid Amount must be less than or equal to 99999999.99.	Ensure that the amount is not greater than \$99,999,999.99.
	Final Medicare Paid Amount must be greater than or equal to 99999999.99.	Ensure that the amount is greater than or equal to -99999999.99.
From DOS	From DOS is required.	Enter a from date of service.

Field	Error Message	To Correct
	From DOS must be less than or equal to To DOS.	Ensure From DOS is less than or equal to the To DOS.
	From DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From DOS must be greater than or equal to 01/01/1990.	Enter a From date of service that is greater than or equal to 01/01/1990.
	From DOS must be less than or equal to 12/31/2299.	Enter a From date of service that is less than or equal to 12/31/2299.
ICD Version	ICD Version for Diagnosis codes should be the same type.	Ensure version type of all diagnosis codes are same.
Last Name	Last Name is required.	Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable.
Medicare Paid Date	Medicare Paid Date is required.	Enter a Medicare Paid Date when crossover information is entered.
	Medicare Paid Date must be greater than or equal to 01/01/1990.	Enter a Medicare Paid Date greater than or equal to 01/01/1990.
	Medicare Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Modifier 1	Modifier1 contains an invalid value.	Enter a valid Modifier Code.
Modifier 2	Modifier2 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
Modifier 3	Modifier3 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
Modifier 4	Modifier4 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
POS	A valid POS is required.	Enter a Place of Service (POS).
Original Medicare Paid Amount	Medicare Paid Amount must be less than or equal to 99999999.99	Ensure that the amount is not greater than \$99999999.99.
	Medicare Paid Amount must be greater than or equal to	Ensure that the amount is not less than \$-9999999.99.

Field	Error Message	To Correct
	9999999.99.	
Paid Amount	Paid Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	Paid Amount must be greater than or equal to .01.	Ensure that the amount is greater than or equal to 0.01.
Paid Date	Paid Date is required.	Enter a Paid Date when TPL is being entered.
	Paid Date must be greater than or equal to 0/01/1900.	Enter a Paid Date greater than or equal to 01/01/1900.
	Paid Date must be less than or equal to 12/31/2299.	Enter a Paid Date less than or equal to 12/31/2299.
	Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Plan Name	Plan Name is required.	Enter a Plan Name when TPL is being entered.
Policy Number	Policy Number is required.	Enter a Policy Number when TPL is being entered.
Prescription Number	Prescription Number is required when Prescription Qualifier is selected.	Enter Prescription Number when you have Prescription Qualifier selected.
Prescription Qualifier	Prescription Qualifier is required when a prescription number is entered.	Select the appropriate prescription qualifier from the list.
Procedure	A valid Procedure is required.	Enter a valid ICD-9 procedure.
Recipient ID	Recipient ID is required and must be 13 digits.	Enter a valid 13 digit Recipient ID.
Relationship to Insured	Relationship to Insured is required.	Select a Relationship to Insured when TPL is applicable.
Rendering Physician	A valid Rendering Physician is required.	Enter a valid Rendering Physician.
Sequence	Sequence is required.	Enter a valid sequence number.
	Sequence must be greater than or equal to 1.	Ensure that the sequence is greater than or equal to 1.
	Sequence must be Numeric.	Ensure the sequence is numeric.
	Sequence contains duplicates.	Enter a unique sequence.
TPL Amount	TPL Amount is required when TPL records are present.	Enter a TPL Amount in the Professional Claim panel when data is entered into the TPL panel.
	TPL Amount must be less than or equal to 9999999.99.	Ensure that the amount is not greater than \$999,999.99.
	TPL Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
To DOS	To DOS is required.	Enter a to date of service.

Field	Error Message	To Correct
	To DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
	To DOS must be greater than or equal to 01/01/1990.	Enter a To date of service that is greater than or equal to 01/0/1990.
	To DOS must be less than or equal to 12/31/2299.	Enter a To date of service that is less than or equal to 12/31/2299.
Total Charges	Total Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than \$999,999.99.
Units	Units must be less than or equal to 99999999999.999.	Ensure the units billed are not greater than 999,999,999,999.999.
	Units must be greater than 0.001.	Ensure that the amount is greater than or equal to 0.001.
	Units are required.	Enter the detail units.

12.11.5 Professional Claim Panel Extra Features

Field	Field Type
Carrier Name	Read-only field displays after Carrier Code field populated.
Date of Birth	Read-only field displays after Recipient ID field populated.
NPI or MCD	Hyperlink appears after the Referring Physician or Rendering Physician field(s) is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.

12.11.5 Professional Claim Panel Accessibility

12.11.6.1 To Access the Professional Claim Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Professional .	Professional Claim panel displays.

12.11.6.2 To Add on the Professional Claim Panel

Step	Action	Response
1	Enter Recipient ID .	

Step	Action	Response
2	Enter the recipient's Last Name .	
3	Enter the recipient's First Name .	
4	Enter Medical Record # .	
5	Enter Patient Account # .	
6	Enter Referring Physician or click [Search] to select from list.	Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Select Claim Type from drop down list.	
8	Select Service Authorization from drop down list.	
9	Select Delay Reason from drop down list.	
10	Select Cause 1 accident related cause indicator from drop down list.	
11	Select Cause 2 accident related cause indicator from drop down list.	
12	Enter TPL Amount .	
13	Enter Sequence .	
14	Enter Diagnosis or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
15	Click add in TPL section.	Activates fields for entry of data or selection from lists.
16	Enter Policy Number .	
17	Enter Plan Name .	
18	Select Relationship to Insured from drop down list.	
19	Enter Carrier Code or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
20	Select Payer Respons. Code from drop down list.	
21	Enter TPL Paid Date .	
22	Enter policy holder Last Name .	
23	Enter policy holder First Name, MI .	
24	Enter policy holder Date of Birth .	
25	Enter From DOS .	
26	Enter To DOS .	
27	Enter Units .	
28	Enter Charges .	

Step	Action	Response
29	Enter Rendering Physician or click [Search] to select from list.	Clicking [Search] activates the Rendering Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
30	Enter Diagnosis Code Pointer(s) .	
31	Enter Modifier(s) or click [Search] to select from list. (Maximum of 4 can be added)	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
32	Enter Referring Physician or click [Search] to select from list.	Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
33	Enter POS or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
34	Enter Procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
35	Select Emergency indicator from drop down list.	
36	Select EPSDT Ref indicator from drop down list.	
37	Select Family Planning indicator from drop down list.	
38	Select Copay Exemption indicator from drop down list.	
39	Enter Medicare Paid Date .	
40	Enter Medicare Allowed Amount .	
41	Enter Original Medicare Paid Amount .	
42	Enter Medicare 2% Sequestration Amount .	
43	Enter Medicare eRX Reduction Amount .	
44	Enter Medicare Coinsurance Amount .	
45	Enter Medicare Deductible Amount .	
46	Enter Medicare Final Medicare Paid Amount .	
47	Click add in Detail section to add another service line and repeat steps 25 thru 42.	Activates fields for entry of data or selection from lists.
48	Click submit .	Submits professional claim.

12.11.6.3 To Update on the Professional Claim Panel

Step	Action	Response
1	Click row to update.	

Step	Action	Response
2	Click in field(s) to update and perform update.	
3	Click adjust , void or re-submit .	Submits an adjustment, void or re-submits a denied professional claim.

13. Eligibility

The Eligibility and Verification Request (270 transaction) and Response (271 transaction) web pages are used by the provider to request and receive eligibility verification information for a recipient.

The Household Inquiry request and response web pages are used by the provider to obtain a household member's recipient identification number using the parent/guardian's identification number and the household member's date of birth.

From the Eligibility link in the Main Menu toolbar, users can access the following Sub Menu options:

- Eligibility Verification
- Household Inquiry

13.1 Eligibility Verification

13.1.1 Eligibility Verification Request Panel Narrative

The Eligibility panel allows users to verify eligibility of recipients for Alabama Medicaid.

Navigation Path: [Eligibility] – [Eligibility Verification]

13.1.2 Eligibility Verification Request Panel Layout

13.1.3 Eligibility Verification Request Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all search criteria fields.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
search	This button initiates the search process.	Button	N/A	0
Birth Date	Displays the date of birth of the recipient.	Field	Date (MM/DD/CCYY)	10
Display Dental Benefits	If the check box is selected, the user will see all non-dental and dental benefits. If the check box is not selected, then the user will only see non-dental benefits	Check box	N/A	N/A
First Name	Displays the first name of the recipient.	Field	Character	35
From DOS	Displays the from date of service.	Field	Date (MM/DD/CCYY)	10
Last Name	Displays the last name of the recipient.	Field	Character	60
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	12
Service Type/Co-Pay	Determines if the Service Type/Co-Pay panel will be included in the search results	Check box	N/A	N/A
Service Types	The service types to include in the eligibility search	Available /Select	N/A	N/A
SSN	Displays the social security number of the recipient. Ex. 000-12-1234.	Field	Number (Integer)	11
To DOS	Displays the thru date of service.	Field	Date (MM/DD/CCYY)	10

13.1.4 Eligibility Verification Request Panel Field Edit Error Codes

Field	Error Message	To Correct
search	At least one search field should be entered for search criteria.	Enter at least one search field to complete the search request.
Birth Date	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.	Enter the recipient's Last Name, First Name and DOB.
	No Recipient match using search criteria Last Name: [], First Name: [], and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
	No Recipient match using search criteria SSN: [] and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
First Name	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.
	No Recipient match using search criteria Last Name: [], First Name: [], and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
From DOS	The from and to dates of service must be in a 13 month window.	Date must not be greater than 13 months in the past.
	The to date of service must be on or after	Ensure From DOS is less than or equal to the

Field	Error Message	To Correct
	the from date of service.	To DOS.
	Future eligibility cannot be requested.	Enter a date of service that is equal to or less than the current date.
	Service Dates not within Provider Plan Enrollment.	Enter a From Date of Service that is within the provider's active enrollment period.
Last Name	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.
	No Recipient match using search criteria Last Name: [], First Name: [], and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
Recipient ID	Recipient ID is Invalid or not Active.	Ensure the Recipient ID is correct and try again. If correct, contact the Provider Assistance Center for further information. (800-688-7989)
SSN	No Recipient match using search criteria SSN: [] and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
To DOS	The from and to dates of service must be in a 13 month window.	Date must not be greater than 13 months in the past.
	The to date of service must be on or after the from date of service.	Ensure From DOS is less than or equal to the To DOS.
	Future eligibility cannot be requested.	Enter a date of service that is equal to or less than the current date.
	Service Dates not within provider plan enrollment.	Enter a To Date of Service that is within the provider's active enrollment period.

13.1.5 Eligibility Verification Request Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.1.6 Eligibility Verification Request Panel Accessibility

13.1.6.1 To Access the Eligibility Verification Request Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.

13.1.6.2 To Search on the Eligibility Verification Request Panel

Step	Action	Response
1	Enter one or a combination of the following fields: Recipient ID, SSN, Last Name, First Name, Birth Date, From DOS and/or	

Step	Action	Response
	To DOS.	
2	Click search .	Displays Recipient Eligibility Information for the requested timeframe.

NOTE:

“No rows found” indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPES Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

13.2 Recipient Information

13.2.1 Recipient Information Panel Narrative

The Recipient Information panel displays basic information about the recipient.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.2.2 Recipient Information Panel Layout

Recipient Information			
Recipient ID	0005555322333	Last Name	Doe
SSN	024-55-5555	First Name	Jane
Birth Date	03/12/1941	Gender	F
Transaction Date	02/21/2007	MedicareA	03/01/2000 02/28/2007
Transaction Time	14:44:23	MedicareB	
Eligibility Indicator	Active	HIC Number	000024555555A
Authorization Code	0373728374		

13.2.3 Recipient Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Authorization Code	Displays the authorization number for the eligibility transaction. Also called a Verification Number.	Field	Alphanumeric	10
Birth Date	Displays the date of birth of the recipient.	Field	Date (MM/DD/CCYY)	10
Eligibility Indicator	Displays the HIPAA eligibility indicators if the recipient is 'Active' or 'Inactive'.	Field	Alphanumeric	10
First Name	Displays the first name of the recipient.	Field	Character	20
Gender	Displays the recipient's gender.	Field	Alphanumeric	1
HIC Number	Displays the recipient's Medicare HIC number.	Field	Alphanumeric	15
Last Name	Displays the last name of the recipient.	Field	Character	30
Medicare A	Displays the dates the recipient is eligible for Medicare Part A.	Field	Date (MM/DD/CCYY)	10
Medicare B	Displays the dates the recipient is eligible for Medicare Part B.	Field	Date (MM/DD/CCYY)	10
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
SSN	Displays the social security number (SSN) of the recipient.	Field	Number (Integer)	9
Transaction Date	Displays the date the eligibility transaction was performed.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Transaction Time	Displays the time that the eligibility transaction was performed.	Field	Alphanumeric	8

13.2.4 Recipient Information Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.2.5 Recipient Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.2.6 Recipient Information Panel Accessibility

13.2.6.1 To Access the Recipient Information Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Recipient Information panel displays.

13.3 Coverage Type

13.3.1 Coverage Type Panel Narrative

The Coverage Type panel displays specific information about the recipient's coverage type.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.3.2 Coverage Type Panel Layout

County Code	County Name	Aid Code	Aid Description	Coverage Type	
				Effective Date	End Date
18	Craig	73	Full Medicaid Coverage	07/01/2001	03/31/2006
18	Craig	42	Full MCaid&Care w/co-ded no QMB	04/01/2006	02/28/2007

13.3.3 Coverage Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Aid Code	Displays the recipient's eligibility aid category code.	Field	Alphanumeric	2
Aid Description	Displays the recipient's eligibility aid category code description.	Field	Character	50
County Code	Displays the recipient's eligibility aid county code.	Field	Alphanumeric	2
County Name	Displays the recipient's eligibility aid county code description.	Field	Character	20
Effective Date	Displays the recipients eligibility begin/effective date.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the recipient's eligibility end/stop date.	Field	Date (MM/DD/CCYY)	10

13.3.4 Coverage Type Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.3.5 Coverage Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.3.6 Coverage Type Panel Accessibility

13.3.6.1 To Access the Coverage Type Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Coverage Type panel displays.

13.4 TPL

13.4.1 TPL Panel Narrative

The TPL panel displays specific information about the recipient's third party liability (TPL) coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.4.2 TPL Panel Layout

TPL			
Policy Holder	Jane Doe	Carrier Number	02001
Policy Number	R59999992	Carrier Name	BC/BS OF AL FEDERAL
Group Number	90000	Carrier Address 1	BC/BS OF ALABAMA
Coverage Type	TYPE=X COV-IND=14 HOSPITAL/SURGICAL	Carrier Address 2	450 RIVERCHASE PARKWAY
Effective Date	05/29/2005	City	BIRMINGHAM
End Date	12/31/2299	State	AL
Zip Code	35298		
Policy Holder	Jane Doe	Carrier Number	01924
Policy Number	Z5D999D92	Carrier Name	CAREMARK/ADVANCE RECAP CLAIMS
Group Number	90002	Carrier Address 1	PO BOX 686002
Coverage Type	TYPE=X COV-IND=06 MAJOR MED NO MATERNITY-MGDCARE	Carrier Address 2	
Effective Date	06/15/2006	City	SAN ANTONIO
End Date	12/31/2299	State	TX
Zip Code	78268		

13.4.3 TPL Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Carrier Address 1	Displays the primary address of each third party liability carrier.	Field	Character	55
Carrier Address 2	Displays the secondary address of each third party liability carrier.	Field	Character	55
Carrier Name	Displays the name of each third party liability carrier.	Field	Alphanumeric	30
Carrier Number	Displays the number of each third party liability carrier.	Field	Alphanumeric	10
City	Displays the city of each third party liability carrier.	Field	Character	30
Coverage Type	Displays the coverage type of the third party liability insurance.	Field	Alphanumeric	120
Effective Date	Displays the effective date of each third party liability insurance.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of each third party liability insurance.	Field	Date (MM/DD/CCYY)	10
Group Number	Displays the group number of the policy.	Field	Alphanumeric	30

Field	Description	Field Type	Data Type	Length
Policy Holder	Displays the policy holder of the third party liability insurance.	Field	Alphanumeric	30
Policy Number	Displays the policy number of the third party liability insurance.	Field	Alphanumeric	16
State	Displays the state of each third party liability carrier.	Field	Alphanumeric	2
Zip Code	Displays the zip code of each third party liability carrier.	Field	Number (Integer)	15

13.4.4 TPL Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.4.5 TPL Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.4.6 TPL Panel Accessibility

13.4.6.1 To Access the TPL Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	TPL panel displays.

13.5 Managed Care

13.5.1 Managed Care Panel Narrative

The Managed Care panel displays specific information about the recipient's managed care coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.5.2 Managed Care Panel Layout

Managed Care					
Plan Code	Provider Name	Provider Phone	24 Hour Phone	Effective Date	End Date
PT1ST	DAVISON NW MEDICAL	(999)551-3607	() -	01/01/2007	02/28/2007

13.5.3 Managed Care Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
24 Hour Phone	Displays the 24 hour phone number of the primary care physician.	Field	Character	13
Effective Date	Displays the effective date of the Managed Care coverage.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the Managed Care coverage.	Field	Date (MM/DD/CCYY)	10
Plan Code	Displays the recipient's Managed Care Plan Code. MDADV denotes Medicare Advantage and PT1ST denotes Patient 1 st .	Field	Alphanumeric	5
Provider Name	Displays the name of the primary care physician for the managed care program or the name of the Medicare Advantage Plan.	Field	Alphanumeric	20
Provider Phone	Displays the phone number of the primary care physician.	Field	Character	13

13.5.4 Managed Care Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.5.5 Managed Care Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.5.6 Managed Care Panel Accessibility

13.5.6.1 To Access the Managed Care Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Managed Care panel displays.

13.6 Lockin/Lockout

13.6.1 Lockin/Lockout Panel Narrative

The Lockin/Lockout panel displays specific information about the recipient's lockin and lockout coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.6.2 Lockin/Lockout Panel Layout

Lockin/Lockout				
Lockin/Lockout	Plan Description	Effective Date	End Date	Provider Name
Lockin	Pharmacy Lockin	08/01/2007	10/15/2007	DRUG
Lockout	TYPE=2 Specific Drug Stipulations	06/16/2007	12/31/2299	
Lockout	TYPE=1 Cntrl Sub. no sched 2, 3, 4 or 5 drugs	04/01/2007	09/30/2007	

13.6.3 Lockin/Lockout Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Effective Date	Displays the effective date of each lockin period.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of each lockin period.	Field	Date (MM/DD/CCYY)	10
Lockin/Lockout	Displays if the recipient is locked in or locked out of the plan.	Field	Alphanumeric	10
Plan Description	Displays the lockin plan for the recipient.	Field	Character	50
Provider Name	Displays the name of the lockin provider.	Field	Alphanumeric	30

13.6.4 Lockin/Lockout Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.6.5 Lockin/Lockout Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.6.6 Lockin/Lockout Panel Accessibility

13.6.6.1 To Access the Lockin/Lockout Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Lockin/Lockout panel displays.

13.7 Benefit Limits

13.7.1 Benefit Limits Panel Narrative

The Benefit Limits panel displays information about the recipient’s services suspended and services paid for the requested year.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.7.2 Benefit Limits Panel Layout

Benefit Limits		
Service Description	Paid	Suspended
INPT Days	0	0
Outpat Days	0	0
Physician Office Visits	0	0
Home Health Visits	0	0
Ambulatory Surgery	0	0
Dialysis Services	0	0
Eye Frames	0	0
Eye Lens	0	0
Eye Fitting	0	0
Eye Exam	0	0

13.7.3 Benefit Limits Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Paid	Displays the amount of services paid for the calendar year, to date.	Field	Number (Integer)	3
Service Description	Displays the types of service offered.	Field	Character	20
Suspended	Displays the amount of services suspended for the calendar year, to date.	Field	Number (Integer)	3

13.7.4 Benefit Limits Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.7.5 Benefit Limits Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.7.6 Benefit Limits Panel Accessibility

13.7.6.1 To Access the Benefit Limits Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Benefit Limits panel displays.

13.8 Dental Benefit Limits

13.8.1 Dental Benefit Limits Panel Narrative

The Dental Benefit Limits panel displays information about the recipient's paid dental services. This includes the two most recent dates those services occurred as well as the provider whom performed those services.

The category "Paid Dental Xray" reflects full and/or panoramic xrays.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.8.2 Dental Benefit Limits Panel Layout

Dental Benefit Limits	
Most Recent Service : Service Description Date Of Service Provider Name	Paid Dental Fluoride 06/03/2008 MARCIA WHITE
Previous Services : Service Description Date Of Service Provider Name	Paid Dental Fluoride 12/03/2007 MARCIA WHITE
Most Recent Service : Service Description Date Of Service Provider Name	Paid Dental Prophylaxis 06/03/2008 MARCIA WHITE
Previous Services : Service Description Date Of Service Provider Name	Paid Dental Prophylaxis 12/03/2007 MARCIA WHITE
Most Recent Service : Service Description Date Of Service Provider Name	Paid Dental Oral Exam 12/03/2007 MARCIA WHITE
Previous Services : Service Description Date Of Service Provider Name	Paid Dental Oral Exam 05/31/2007 MARCIA WHITE

13.8.3 Dental Benefit Limits Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date of Service	The date for when the dental service was paid.	Field	Date (MM/DD/CCYY)	10
Provider Name	The name of the Provider who performed the service on the Date of Service listed.	Field	Character	20
Service Description	Displays the types of service paid.	Field	Character	25

13.8.4 Dental Benefit Limits Panel Field Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.8.5 Dental Benefit Limits Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.8.6 Dental Benefit Limits Panel Accessibility

13.8.6.1 To Access the Dental Benefit Limits Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Dental Benefit Limits panel displays.

13.9 EPSDT Screening Dates

13.9.1 EPSDT Screening Dates Panel Narrative

The EPSDT Screening Dates panel displays information about the recipient’s last EPSDT screening date(s).

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.9.2 EPSDT Screening Dates Panel Layout

EPSDT Screening Dates	
Screening Description	Last Screening Date
Last Medical Screening	08/10/2001
Last Dental Screening	06/06/2005
Last Hearing Screening	05/06/2004
Last Vision Screening	05/06/2004

13.9.3 EPSDT Screening Dates Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Last Screening Date	Displays the date of the last Medical, Dental, Hearing and Vision EPSDT screening.	Field	Date (MM/DD/CCYY)	10
Screening Description	Displays the description for the type of EPSDT screening.	Field	Alphanumeric	30

13.9.4 EPSDT Screening Dates Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.9.5 EPSDT Screening Dates Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.9.6 EPSDT Screening Dates Panel Accessibility

13.9.6.1 To Access the EPSDT Screening Dates Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	EPSDT Screening Dates panel displays.

13.10 LTC/Waiver

13.10.1 LTC/Waiver Panel Narrative

The LTC/Waiver Information panel displays information about the recipient's waiver type, description and date information. This panel also returns Long Term Care (LTC) admission information based on the dates requested.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.10.2 LTC/Waiver Panel Layout

LTC/Waiver		
LTC/Waiver Information	Effective Date	End Date
EDWV Elderly and Disabled Waiver	01/01/2007	01/31/2007
SNF Skilled Nursing Facility	02/01/2007	02/28/2007

13.10.3 LTC/Waiver Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Effective Date	Displays the effective date of the LTC or waiver admission period.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the LTC or waiver admission period.	Field	Date (MM/DD/CCYY)	10
LTC/Waiver Information	Displays the code and description of the LTC or waiver enrollment type.	Field	Character	50

13.10.4 LTC/Waiver Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.10.5 LTC/Waiver Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.10.6 LTC/Waiver Panel Accessibility

13.10.6.1 To Access the LTC/Waiver Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	LTC/Waiver panel displays.

13.11 Maternity Waiver

13.11.1 Maternity Waiver Panel Narrative

The Maternity Waiver Information panel displays information about the recipient's maternity waiver provider and effective/end dates.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.11.2 Maternity Waiver Panel Layout

Maternity Waiver			
Provider Name	Provider Phone	Effective Date	End Date
GIFT OF LIFE FOUNDATION INC	3342722222	07/01/1999	02/28/2007

13.11.3 Maternity Waiver Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Effective Date	Displays the effective date of the waiver.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the waiver.	Field	Date (MM/DD/CCYY)	10
Provider Name	Displays the provider's name.	Field	Character	20
Provider Phone	Displays the provider's phone number.	Field	Character	10

13.11.4 Maternity Waiver Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.11.5 Maternity Waiver Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.11.6 Maternity Waiver Panel Accessibility

13.11.6.1 To Access the Maternity Waiver Information Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Maternity Waiver panel displays.

13.12 Long Term Care Liability

13.12.1 Long Term Care Liability Panel Narrative

The Long Term Care Liability panel displays information about the recipient's long term care liability dates and amounts.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.12.2 Long Term Care Liability Panel Layout

Long Term Care Liability		
Liability Amount	Liability Effective Date	Liability End Date
\$1,260.00	02/01/2007	02/28/2007

13.12.3 Long Term Care Liability Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Liability Amount	Displays the long term care liability amount.	Field	Character	9
Liability Effective Date	Displays the long term care liability effective date.	Field	Date (MM/DD/CCYY)	10
Liability End Date	Displays the long term care liability end date.	Field	Date (MM/DD/CCYY)	10

13.12.4 Long Term Care Liability Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.12.5 Long Term Care Liability Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.12.6 Long Term Care Liability Panel Accessibility

13.12.6.1 To Access the Long Term Care Liability Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Long Term Care Liability panel displays.

13.13 Service Type/Co-Pay Search Results

13.13.1 Service Type/Co-Pay Search Results Panel Narrative

The Service Type/Co-Pay Search Results panel displays qualifying service type information matching the search criteria from the Eligibility Verification Search panel.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.13.2 Service Type/Co-Pay Search Results Panel Layout

Service Type Codes/Co-Pay							
Benefit Plan	Service Type	Co-Pay Min	Co-Pay Max	Co-Insurance	Deductible	Status	Message
TXIX	1	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	12 - DURABLE MEDICAL EQUIPMENT PURCHASE	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	30 - HEALTH BENEFIT PLAN COVERAGE	\$0.00	\$0.00	\$0.00	\$0.00	Covered	
TXIX	33 - CHIROPRACTIC	\$0.00	\$3.90	\$0.00	\$0.00	Covered	EPDST referral required for service type(s):33
TXIX	35 - DENTAL CARE	\$0.00	\$0.00	\$0.00	\$0.00	Covered	
TXIX	47 - HOSPITAL	\$0.00	\$50.00	\$0.00	\$0.00	Covered	
TXIX	48 - HOSPITAL-INPATIENT	\$0.00	\$50.00	\$0.00	\$0.00	Covered	
TXIX	50 - HOSPITAL-OUTPATIENT	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	86 - EMERGENCY SERVICES	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	88 - PHARMACY	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	98 - PROFESSIONAL (PHYSICIAN) VISIT-OFFICE	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	AL - VISION(OPTOMETRY)	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	MH - MENTAL HEALTH	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	UC - URGENT CARE	\$0.00	\$3.90	\$0.00	\$0.00	Covered	
TXIX	81 - ROUTINE PHYSICAL	\$0.00	\$3.90	\$0.00	\$0.00	Not Covered	

VARIABLE COPAY IS DISPLAYED. PLEASE REFER TO THE PROVIDER MANUAL FOR COPAY INFORMATION

13.13.3 Service Type/Co-Pay Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Benefit Plan	Displays the benefit plan code.	Field	Character	4
Co-Insurance	Displays the Co-Insurance amount for the service type.	Field	Number (Decimal)	6
Co-Pay Max	Displays the Maximum Co-Pay amount for the service type.	Field	Number (Decimal)	6
Co-Pay Min	Displays the Minimum Co-Pay amount for the service type.	Field	Number (Decimal)	6
Deductible	Displays the Deductible amount for the service type	Field	Number (Decimal)	6
Message	Displays the coverage message	Field	Character	50
Service Type	Displays the code and description of the service type.	Field	Character	50
Status	Displays the coverage status of the service type.	Field	Character	11

13.13.4 Service Type/Co-Pay Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.13.5 Service Type/Co-Pay Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.13.6 Service Type/Co-Pay Search Results Panel Accessibility

13.13.6.1 To Access the Service Type/Co-Pay Search Results Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Eligibility Verification Search Results panels display.

13.14 HouseHold Inquiry

13.14.1 HouseHold Inquiry Panel Narrative

The HouseHold Inquiry panel allows users to inquire on recipient records based on the payee's Medicaid number.

Navigation Path: [Eligibility] – [HouseHold Inquiry]

13.14.2 HouseHold Inquiry Panel Layout



13.14.3 HouseHold Inquiry Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Records	Displays the number of records to display per page in the Search Results list.	Combo Box	Drop Down List Box	0
Parent ID Number	Displays the parent's first 12-digits of their Medicaid identification number.	Field	Number (Integer)	12
Recipient Date of Birth	Displays the child's date of birth.	Field	Date (MM/DD/CCYY)	10

13.14.4 HouseHold Inquiry Panel Field Edit Error Codes

Field	Error Message	To Correct
Parent ID Number	Parent ID Number and Recipient Date of Birth is required for search criteria.	Enter the Parent ID Number and Recipient Date of Birth.
	Parent ID Number must be numeric.	Enter a valid parent ID.
Recipient Date of Birth	Parent ID Number and Recipient Date of Birth is required for search criteria.	Enter the Parent ID Number and Recipient Date of Birth.
	Invalid date. Format is MM/DD/YYYY.	Enter a valid date in MM/DD/CCYY format.

13.14.5 Household Inquiry Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.14.6 Household Inquiry Panel Accessibility

13.14.6.1 To Access the Household Inquiry Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click HouseHold Inquiry .	HouseHold Inquiry panel displays.

13.14.6.2 To Add on the Household Inquiry Panel

Step	Action	Response
1	Enter Parent ID Number .	
2	Enter Recipient Date of Birth .	
3	Select Records from drop down list.	Determines the number of records to display in the search results panel.
4	Click search .	HouseHold Inquiry Search Results panel displays.

13.15 HouseHold Inquiry Search Results

13.15.6 Search Results Panel Narrative

The HouseHold Inquiry Search Results panel displays household inquiry information matching the search criteria from the HouseHold Inquiry Search panel.

Navigation Path: [Eligibility] – [HouseHold Inquiry] – [search]

13.15.7 Search Results Panel Layout

Search Results					
Recipient Name	Recipient ID	Date of Birth	Sex	Race	Certifying Program
TC 45459, WAYLAN	000016886189	06/11/2004	Male	Caucasian	SOBRA
PAUL, JANET	000002398	06/11/2004	Female	White (Non-Hispanic)	District Office

You must verify eligibility before submitting claims for recipient(s) listed above. If the recipient name appears as unborn or newborn, please ask the parent/guardian to contact his/her caseworker to report the correct name and date of birth.

13.15.8 Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Certifying Program	Displays the child's eligibility category.	Field	Character	20
Date of Birth	Displays the child's date of birth.	Field	Date (MM/DD/CCYY)	10
Race	Displays the child's race.	Field	Character	15
Recipient ID	Displays the child's first 12 digits of their Medicaid identification number.	Field	Number (Integer)	12
Recipient Name	Displays the child's name in Last Name, First Name format.	Field	Character	50
Sex	Displays the child's sex.	Field	Character	7

13.15.9 Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.15.10 Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.15.11 Search Results Panel Accessibility

13.15.11.1 To Access the Search Results Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.
2	Click HouseHold Inquiry .	HouseHold Inquiry panel displays.
3	Enter search criteria and click search .	HouseHold Inquiry Search Results panel displays.

14. Trade Files

Trading Partners can upload batch files from directories within their personal computer (PC) or Local Area Network (LAN) to Alabama Medicaid's web server for processing. Authorized users can access the Interactive Services website to perform this function or use a software program that runs on a user's PC or server that connects to the secure website.

Another function within the Interactive Services website allows users to download batch files from Alabama Medicaid's web server to directories within their PC or LAN. Authorized users can access the Interactive Services website to perform this function or use a software program that runs on a user's PC or server that connects to the secure website. The user's site sends a request using the HTTPS protocol containing parameters that include the User ID, the associated password, and the requested transaction type.

From the Trade Files link in the Main Menu toolbar, users can access the following Sub Menu options:

- Download
- Upload

14.1 Download

14.1.1 File Download Search Narrative

This window allows the user to download specific files from the state's secure website. The files are ordered by the date they become available, beginning with the most recent. A hyperlink is provided to allow users to download and install Adobe Acrobat Reader which is required to view an electronic Explanation of Payment (EOP).

The File Download panel allows users to download specific files from the Alabama Medicaid secure website. The user has the capability to search for files based on transaction type, and then download selected files from the available files.

Providers or clerks may use this feature to download an electronic Remittance Advice (RA) or their Managed Care Enrollment Roster in the PDF format, which requires Adobe Acrobat Reader.

Navigation Path: [Trade Files] – [Download]

14.1.2 File Download Search Layout

File Download Search

Transaction Type* PRV-A035-M - Provider Reenrollment Facsimile

Group Member Provider ID [Search]

search

clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

Files are listed in order of the date they become available.

14.1.3 File Download Search Field Descriptions

Field	Description	Field Type	Data Type	Length
search	This button initiates the search.	Button	N/A	0
Transaction Type	Displays the transaction type of the file to be searched.	Combo Box	Drop Down List Box	0

14.1.4 File Download Search Field Edit Error Codes

Field	Error Message	To Correct
Transaction Type	A Transaction Type is required. Please select a Transaction Type and try your search again.	Select a Transaction Type and try your search again.

14.1.5 File Download Search Extra Features

Field	Field Type
Adobe Acrobat Reader	Hyperlink to http://www.adobe.com/products/acrobat/readstep2.html .

14.1.6 File Download Search Accessibility

14.1.6.1 To Access the File Download Search Panel

Step	Action	Response
1	Click Trade Files .	Trade Files page opens.
2	Click Download .	File Download Search panel opens.

14.1.6.2 To Add on the File Download Search Panel

Step	Action	Response
1	Select Transaction Type from drop down list.	
2	Click search .	Current Files Available for Download panel displays.

14.2 Current Files Available for Download

14.2.1 Current Files Available for Download Panel Narrative

The Current Files Available for Download panel displays the files available for download that match the search criteria from the Download panel.

Navigation Path: [Trade Files] – [Download] – [search]

14.2.2 Current Files Available for Download Panel Layout

Trading Partner Download Panel Layout

Files are listed in order of the date they become available.

Current Files Available for Download				
File Name	Transaction Type	Date Available	Date Downloaded	
4923_4916_405EB6C1_271X12BATCH_37468_100000003.271	Eligibility Response	09/26/2007	09/26/2007	
4832_4826_F590B421_271X12BATCH_36203_100000003.271	Eligibility Response	09/20/2007	Has Not Been Downloaded	
4644_4640_E5D8B07B_271X12BATCH_34422_100000003.271	Eligibility Response	09/14/2007	Has Not Been Downloaded	
4608_4596_039B859B_271X12BATCH_34132_100000003.271	Eligibility Response	09/13/2007	Has Not Been Downloaded	
3794_3788_1229DA7B_271X12BATCH_29929_100000003.271	Eligibility Response	09/08/2007	Has Not Been Downloaded	
3796_3790_4ADDB291_271X12BATCH_29931_100000003.271	Eligibility Response	09/08/2007	Has Not Been Downloaded	
3795_3789_6B6ABEE0_271X12BATCH_29930_100000003.271	Eligibility Response	09/08/2007	Has Not Been Downloaded	
2404_2371_7C950CC2_271X12BATCH_22058_100000003.271	Eligibility Response	08/22/2007	Has Not Been Downloaded	
2283_2268_B2DD0397_271X12BATCH_20886_100000003.271	Eligibility Response	08/17/2007	Has Not Been Downloaded	
2282_2267_86E4116A_271X12BATCH_20872_100000003.271	Eligibility Response	08/17/2007	Has Not Been Downloaded	

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Provider Download Panel Layout

Current Reports Available for Download				
File Name	Transaction Type	Provider ID	Payee ID	Report Date
EOP146766.10132011.pdf	Remittance Advice	1477685717	100000009	10/13/2011
EOP146325.10112011.pdf	Remittance Advice	1477685717	100000009	10/11/2011
EOP145910.10062011.pdf	Remittance Advice	1477685717	100000009	10/06/2011
EOP145191.09292011.pdf	Remittance Advice	1477685717	100000009	09/29/2011
EOP143858.09212011.pdf	Remittance Advice	1477685717	100000009	09/21/2011
EOP143059.09152011.pdf	Remittance Advice	1477685717	100000009	09/15/2011
EOP131684.05122011.pdf	Remittance Advice	1477685717	100000009	05/12/2011

14.2.3 Current Files Available for Download Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date Available	Displays the date the file became available for download.	Field	Date (MM/DD/CCYY)	10
Date Downloaded	Displays the date the file was downloaded.	Field	Date (MM/DD/CCYY)	10
File Name	Displays the name of the file available for download.	Field	Alphanumeric	50
Payee ID	Displays the Payee ID for the Remittance Advice.	Field	Character	10
Provider ID	Displays the individual Provider ID for the Remittance Advice.	Field	Character	10
Report Date	Date the Remittance Advice is generated.	Field	Date (MM/DD/CCYY)	10
Transaction Type	Displays the file type.	Field	Alphanumeric	20

14.2.4 Current Files Available for Download Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

14.2.5 Current Files Available for Download Panel Extra Features

Field	Field Type
No extra features found for this panel.	

14.2.6 Current Files Available for Download Panel Accessibility

14.2.6.1 To Access the Current Files Available for Download Panel

Step	Action	Response
1	Click Trade Files .	Trade Files page opens.
2	Click Download .	File Download Search panel opens.
3	Select a transaction type and click search .	Current Files Available for Download panel displays.

14.3 Upload

14.3.1 File Upload Panel Narrative

The Upload panel allows the user to upload HIPAA compliant files to the Alabama Medicaid secure web server. A Trading Partner has the capability to view all the files uploaded to the Alabama Medicaid secure web server. This option is not available under a Provider logon.

Navigation Path: [Trade Files] – [Upload]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

14.3.2 File Upload Panel Layout

14.3.3 File Upload Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Browse	This button allows the user to navigate their hard drive to select a local file they wish to upload.	Button	N/A	0
upload	This button initiates the upload process.	Button	N/A	0
Transaction Type	Displays a type of transaction that is being transmitted.	Combo Box	Drop Down List Box	0
Save As Filename	Displays the name the user wishes to name the uploaded file. This overrides the selected file name.	Field	Alphanumeric	50
Upload File	Allows the user to select the file they wish to upload.	Field	Character	50

14.3.4 File Upload Panel Field Edit Error Codes

Field	Error Message	To Correct
Upload	Please select a file to upload.	Click on <browse> button to select a file to upload onto the server.
	File is either invalid or has 0 bytes size. Please validate file and upload again.	File selected for upload is empty. Select a non-empty or correct file name.

Field	Error Message	To Correct
Transaction Type	Transaction Type is required.	Select a Transaction Type.

14.3.5 File Upload Panel Extra Features

Field	Field Type
No extra features found for this panel.	

14.3.6 File Upload Panel Accessibility

14.3.6.1 To Access the File Upload Panel

Step	Action	Response
1	Click Trade Files .	Trade Files page opens.
2	Click Upload .	File Upload panel opens.

14.3.6.2 To Add on the File Upload Panel

Step	Action	Response
1	Click Browse .	Allows the user to navigate their hard drive to select a local file to upload.
2	Select Transaction Type from drop down list.	Identifies the type of file being uploaded.
3	Enter Save as filename .	Overrides the selected file name.
4	Click upload .	Uploads file and Uploaded Files panel displays.

14.4 Uploaded Files

14.4.1 Uploaded Files Panel Narrative

The Uploaded Files panel allows users to view files that have been uploaded to the Alabama Medicaid secure website using the File Upload panel.

Navigation Path: [Trade Files] – [Upload – [click on upload]

14.4.2 Uploaded Files Panel Layout

Uploaded Files			
Date Uploaded	Type	File Name	Tracking Number
09/19/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4696
09/18/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4688
09/18/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4686
09/18/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4684
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4659
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4657
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\DENT.FIL	4655
09/17/2007	HIPAA (X12 or NCPDP)	C:\alhipaa\temp\CLMST.FIL	4652
09/17/2007	HIPAA (X12 or NCPDP)	C:\alhipaa\temp\ELIG.FIL	4651
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\DENT.FIL	4649

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14.4.3 Uploaded Files Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date Uploaded	Displays the date the file was uploaded.	Field	Date (MM/DD/CCYY)	10
File Name	Displays the name of the file that was uploaded.	Field	Alphanumeric	30
Tracking Number	Displays the tracking number used to identify and track the uploaded file.	Field	Number (Integer)	15
Type	Displays the type of file that was uploaded.	Field	Alphanumeric	25

14.4.4 Uploaded Files Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

14.4.5 Uploaded Files Panel Extra Features

Field	Field Type
No extra features found for this panel.	

14.4.6 Uploaded Files Panel Accessibility

14.4.6.1 To Access the Uploaded Files Panel

Step	Action	Response
1	Click Trade Files .	Trade Files page opens.
2	Click Upload .	File Upload panel opens.
3	Click Browse .	Allows the user to navigate their hard drive to select a local file to upload.
4	Select Transaction Type from drop down list.	Identifies the type of file being uploaded.
5	Enter Save as filename .	Overrides the selected file name.
6	Click upload .	Uploads file and Uploaded Files panel displays.

14.5 Claim Level Detail

14.5.1 Claim Level Detail Panel Narrative

This panel is to provide Drug Rebate Information on a Web Portal. The information will be accessed by Drug Manufacturers. The information to be provided will include Drug Rebate Invoices and Drug Rebate Related Claims data.

Navigation Path: [Trade Files] – [Claim Level Detail]

14.5.2 Claim Level Detail Panel Layout

The screenshot displays the 'Claim Detail Level' interface. It includes a search section with fields for NDC (00071-0362-24), Invoice Period (1/2005), and Invoice Type (Federal). Below this is the 'Drug Information' section with fields for Invoice Type (Federal), Invoice Period (1/2005), NDC (00071-0362-24), Drug Desc (DILANTIN 100 MG KAP), Strength (100 mg), Pkg Size (100), and CMS Unit (CAP). The 'Claim Details' section contains a table with columns: Original Qtr Paid, Invoice Period, Provider ID, FDOS, ICN, Prescription Number, Paid Claims Units, Rebate Units, TPL Amt, Reimbursed Amt, Paid Date, and Claim Type. A 'Download File' button is located at the bottom left of the table.

Original Qtr Paid	Invoice Period	Provider ID	FDOS	ICN	Prescription Number	Paid Claims Units	Rebate Units	TPL Amt	Reimbursed Amt	Paid Date	Claim Type
1/2005	1/2005	1730304353	08/26/2003	4105034551039	000000413580	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	1/2005	1730304353	10/31/2003	4105034551041	000000413580	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	1/2005	1730304353	12/30/2004	4004365555852	000000464164	100	100	\$0.00	\$32.39	01/07/2005	PHARMACY
1/2005	1/2005	1730304353	02/02/2005	4005005203566		100	100	\$0.00	\$33.83	01/07/2005	PROFESSIONAL
1/2005	1/2005	1730304353	02/02/2005	4005033561434	000000464164	100	100	\$0.00	\$33.83	02/04/2005	PHARMACY
1/2005	1/2005	1730304353	02/02/2005	4005039400184		100	100	\$0.00	\$33.83	02/18/2005	OUTPATIENT
1/2005	1/2005	1730304353	02/02/2005	4105042082015		100	100	\$0.00	\$33.83	02/18/2005	OUTPATIENT XOVER
1/2005	1/2005	1730304353	02/02/2005	4105063040738		100	100	\$0.00	\$33.83	03/04/2005	PROFESSIONAL XOVER
1/2005	1/2005	1730304353	03/04/2005	4005063555507	000000464164	100	100	\$0.00	\$33.83	03/04/2005	PHARMACY
1/2005	2/2005	1730304353	10/06/2003	4105034551040	000000413580	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	3/2005	1730304353	07/28/2003	4105034551059	000000413580	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY

14.5.3 Claim Level Detail Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	This button clears all the search criteria fields.	Button	N/A	0
Download File	This button allows end users to download an excel spreadsheet file of the Claim Level Detail search results.	Button	N/A	0
Search	Search for NDC in a user given Invoice Period and Invoice Type by the user.	Button	N/A	0
Invoice Type	The Invoice Type code which pertains to the Drug Rebate programs, such as	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
	Federal or Supplemental.			
CMS Unit	Indicates a product's unit of measure, as supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. These units represent the standard measurements used by CMS for determining rebate quantities.	Field	Character	3
Claim Type	The type of claim that was submitted for this NDC.	Field	Character	50
Drug Desc	Contains the name that appears on the package label provided by the manufacturer. This column is populated for all products, brand and generic.	Field	Character	35
FDOS	The date on which the drug was dispensed.	Field	Date (MM/DD/CCYY)	8
ICN	The transaction control number for the claim.	Field	Number	13
Invoice Period	Invoice Period - It is in Q/CCYY format. Q indicates the quarter when the claims billed on the invoice were paid, and CCYY is a four digit year for the invoice period.	Field	Number	5
NDC	National Drug Code (NDC) of the drug invoiced. This field comprises the five digit labeler code, four digit product code, and the two digit package size code	Field	Number	11
Original Qtr Paid	Original Qtr Paid is the Original Quarter Paid. It is in a format of Q/CCYY, which quarter (Q) is the quarter of the invoice period and CCYY is a four digit year for the invoice period.	Field	Number	5
Paid Claim Units	Total units dispensed for an NDC for a given quarter.	Field	Number	13

Field	Description	Field Type	Data Type	Length
Paid Date	The date that was paid for this NDC.	Field	Date (MM/DD/CCYY)	8
Pkg Size	This field contains the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc.	Field	Number	11
Prescription Number	The prescription number for the drug dispensed.	Field	Character	7
Provider ID	Uniquely identify a provider.	Field	Number	9
Rebate Unit	Total units rebate given for an NDC for a given quarter.	Field	Number	13
Reimbursed Amt	Total dollar reimbursed to providers for a specific claim.	Field	Number	11
Strength	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	Field	Character	60
TPL Amt	Third Party Liability Amount	Field	Number	11

14.5.4 Claim Detail Level Panel Field Edit Error Codes

Field	Error Message	To Correct
Download File	Unable to find information on this NDC.	Enter a valid NDC.
	You are not allowed to search by this NDC.	Enter a NDC under this user account.
Invoice Period	The Invoice Period is required (in Q/CCYY).	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)

Field	Error Message	To Correct
	Invoice Period must be 5 digits if entered (in Q/CCYY).	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)
	Invoice Period must be numeric (in Q/CCYY).	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)
	Format: Q/CCYY; Quarter (Q) must be 1, 2, 3, or 4.	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)
NDC	You are not allowed to search by this NDC.	Enter a NDC code that is under this user account.
	An 11 digit NDC Code is required.	Enter an 11 digit (numeric) NDC code.
	NDC must be numeric, please enter a valid NDC.	Enter an 11 digit (numeric) NDC code.

14.5.5 Claim Level Detail Panel Extra Features

Field	Field Type
No extra features found for this panel.	

14.5.6 Claim Level Detail Panel Accessibility

14.5.6.1 To Access the Claim Level Detail Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Trade Files and click Claim Level Detail .	Claim Level Detail panel displays.

14.6 Forms Panel Overview

14.6.1 Forms Panel Narrative

The Forms panel is available through the secure Provider web portal and allows end users to perform a search for and complete the following LTC forms necessary for the submission of medical history records: Hospice, LTC, IP Psychiatric, PEC Bed and Swing Bed and Psychiatric Retrospective Review records for review.

Upon completion of the forms, supporting medical history record articles will be uploaded or faxed directly into Feith.

Navigation Path: [Trade Files] – [Forms]

14.6.2 Forms Panel Layout

The screenshot shows a web interface for the Forms panel. At the top, there is a navigation bar with links: Home, NDC Look Up, Information, Provider Search, Account, Trade Files, and Providers. Below this is a sub-navigation bar with Home and Forms. The main content area is titled 'Forms' and contains a search form. The form has a label 'Form Name*' followed by a dropdown menu. To the right of the dropdown are two buttons: 'search' and 'clear'. There are also help and refresh icons in the top right corner of the form area.

14.6.3 Forms Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
Form Name	Displays the names of the Form to be searched. Valid options include: <ul style="list-style-type: none"> LTC - Hospice Records LTC - LTC Records LTC - PEC/Swing Bed Records LTC - Psychiatric/Retrospective Review Records 	Combo Box	Character	0
search	This button initiates the search.	Button	N/A	0

14.6.4 Forms Panel Field Edit Error Codes

The form functionality itself is that of Feith. It resides within the Web Portal in this panel. The error messages below are those of the Feith form functionality and not that of the Web Portal.

Form	Field	Error Message	Corrective Action
All	Medicaid ID	"Medicaid ID" is a required field	Enter Medicaid ID.
	Recipient First Name	"Recipient First Name" is a required field	Enter Recipient First Name.
	Recipient Last Name	"Recipient Last Name"	Enter Recipient Last

Form	Field	Error Message	Corrective Action
		is a required field	Name.
	Provider ID	"Provider ID" is a required field	Enter Provider ID.
	Provider First Name	"Provider First Name" is a required field	Enter Provider First Name.
	Provider Last Name	"Provider Last Name" is a required field	Enter Provider Last Name.
	Provider Mailing Address Line 1	"Mailing Address" is a required field	Enter Provider Mailing Address.
	Provider City	"City" is a required field	Enter Provider City.
	Provider Zip Code	"Zip" is a required field	Enter Provider Zip Code.
	Provider Contact Telephone Number	"Phone" is a required field	Enter Provider Telephone number.
	Provider Email Address	"Email" is a required field	Enter Provider Email address.
	Medicaid ID	Please enter a valid Medicaid ID.	Enter a valid Medicaid ID. A valid Medicaid ID is 13 digits and numeric in value.
	Provider ID	Please enter a valid Provider ID.	Enter a valid Provider ID. A valid Provider Id is 6-13 digits and can be alphanumeric in value.
	Zip Code	Please enter a valid zip code.	Enter a valid zip code. A valid zip code includes 5 digit zip or zip plus four.
	To upload a document in PDF format:	File "XXXX.xlsx" has an invalid extension.	Upload a PDF document for submission
PEC / Swing Bed Records and Psychiatric Retrospective Records	Type of Record Submitting	"Type of Record Submitting" is a required field	Select a Type of Record from the drop down listing.
Psychiatric Retrospective Records	Source of Admission	"Source of Admission" is a required field	Select a Source of Admission from the drop down listing.

14.6.5 Forms Panel Extra Features

Field	Feature
To upload documentation in PDF format	The name of the document being uploaded is displayed on the screen for the user.
All Fields	Field validations are in place to alert the user of miskeyed information. See Error Codes listing above.
Barcode	Beneath the barcode on the generated coversheet, the unique Record ID is present for the user.
Print Friendly View	The Print Friendly View button removes the confirmation message for a clean print view of the fax coversheet.
Confirmation Message	The “Your form was submitted successfully.” Message is displayed following successful creation of fax coversheet and upload of documentation.

14.6.6 Forms Panel Accessibility

14.6.6.1 To Access the Forms Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Trade Files and click Forms .	Forms panel displays.

14.6.6.2 To Submit a Form or Fax Medical Records

Step	Action	Response
1	Select Form Name from drop down list.	
2	Click search .	Selected form displays.
3	Complete all fields. Please Note: Record ID is auto generated and requires no action by the user.	Failure to complete required fields will result in error. Please refer to Error Codes listing above for corrective action.
4	To upload documentation, press the Browse button and select required documentation in PDF format.	Document will be uploaded upon form submission.
5	Press the Submit button.	Form will be successfully saved along with any supporting documentation uploaded. User is automatically taken to Fax Coversheet page for printing and retention.
6	Select the Print Friendly View button.	Print the barcode coversheet or save as a PDF and retain for records in the event additional documentation is required.
7	Fax required medical records documentation with barcode coversheet on top to (334) 215-7416.	Successful transmission of medical records.

Step	Action	Response
	<ul style="list-style-type: none">• Do not fax double sided pages.• Do not fax multiple sets of records at the same time. Each fax should be sent separately.• The bar code cover sheet is required for each fax submission. A fax submission cannot be processed without the bar coded cover sheet. DO NOT place anything on the bar code on the cover sheet or alter it in any manner.	

15. Prior Authorization

The Prior Authorization features allow users to search for or submit prior authorizations via the Interactive Services website.

From the Prior Authorization link in the Main Menu toolbar, users can access the following Sub Menu options:

- Search
- Submit
- Submit New

15.1 Prior Authorization Search

15.1.1 Prior Authorization Search Panel Narrative

The Prior Authorization panel allows users to search for prior authorizations and determine their status. The user has the capability to view the details and status of each prior authorization submitted or start a new prior authorization.

The corresponding prior authorization search results appear on the Prior Authorization panel in a list of ten prior authorizations per page. This list contains summary information about the prior authorization. The prior authorization number is hyperlinked to the prior authorization Submit panel for review. The prior authorization wizard process, used to submit a new prior authorization request, can be initiated by clicking the add button.

Navigation Path: [Prior Authorization] – [Search]

15.1.2 Prior Authorization Search Panel Layout

15.1.3 Prior Authorization Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button initiates adding a new prior authorization.	Button	N/A	0
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button initiates the query.	Button	N/A	0
Authorized Effective Date	The date the PA becomes active for claims processing.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
Authorized End Date	The date the PA is no longer active for claims processing.	Field	Date (MM/DD/CCYY)	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
ICD Version	This field has no label. It is used to identify which ICD Version of the Diagnosis code needs to be used in the search criteria. Valid values are BLANK, ICD-9 and ICD-10.	Combo Box	Drop Down List Box	0
NDC	Displays the National Drug Code used to identify a specific drug.	Field	Alphanumeric	11
PA Assignment	Displays the type of the prior authorization request. Refer to section 15.1.1 for details on PA Assignment Codes.	Combo Box	Drop Down List Box	0
Prior Authorization	Displays the number assigned to identify a specific Prior Authorization request.	Field	Alphanumeric	10
Procedure	Displays the code to uniquely identify a procedure.	Field	Alphanumeric	9
Recipient ID	Displays the recipient who received the service.	Field	Alphanumeric	13
Recipient Name	Displays the recipient name. (Read-Only)	Field	Alphanumeric	40
Start Date	Displays the date the prior authorization was added.	Field	Date (MM/DD/CCYY)	10
Status	Displays the status of the prior authorization.	Combo Box	Drop Down List Box	0

15.1.4 Prior Authorization Search Panel Field Edit Error Codes

Field	Error Message	To Correct
ICD Version	Diagnosis code required if ICD Version is not blank.	Enter a diagnosis code or select "BLANK" for the ICD Version.
Prior Authorization	Prior Authorization is not valid.	Enter a valid Prior Authorization number.
Recipient ID	Recipient ID is not valid.	Enter a valid Recipient ID.
	Recipient ID or Prior Authorization is required.	Enter either a Recipient ID or a Prior Authorization number.

15.1.5 Prior Authorization Search Panel Extra Features

Field	Field Type
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Field	Field Type
Recipient Name	Read-only field displays after Recipient ID field populated.

15.1.6 Prior Authorization Search Panel Accessibility

15.1.6.1 To Access the Prior Authorization Search Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click Search .	Prior Authorization Search panel displays.

15.1.6.2 To Search on the Prior Authorization Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: Prior Authorization number, Start Date , Authorized Effective Date , NDC or click [Search] to select from list, Procedure or click [Search] to select from list, Diagnosis or click [Search] to select from list, Recipient ID , Authorized End Date , Status and/or PA Assignment .	Clicking [Search] activates the NDC, Procedure, and/or Diagnosis Search panel(s). Refer to Chapter 14 for additional information regarding these pop-up panels.
2	Click search .	Clicking search displays the Prior Authorization Search panel.

NOTE:

“No rows found” indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPES Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

15.2 Prior Authorization Search Results

15.2.1 Search Results Panel Narrative

The Prior Authorization Search Results panel displays records that match the search criteria from the Prior Authorization Search panel.

This panel displays the prior authorization information that matched the search criteria.

Navigation Path: [Prior Authorization] – [Search] – [search]

15.2.2 Search Results Panel Layout

Prior Authorization	Recipient ID	Last Name	First Name	Authorized Eff Date	Authorized End Date	Status	PA Assignment	Start Date	Procedure	NDC	ICD Version	Diagnosis
50091	50001	SH	JO	0	0	Evaluation	SURGICAL	04/17/2009				
50101	50001	SH	JO	0	0	Evaluation	SURGICAL	05/25/2010	D2951			
50102	50001	SH	JO	0	0	Evaluation	SURGICAL	09/08/2010	0002F			
50101	50001	SH	JO	0	0	Evaluation	SURGICAL	05/25/2010	D2951			
50101	50001	SH	JO	0	0	Evaluation	MEDICAL CARE	05/25/2010	D2951			
50111	50001	SH	JO	0	0	Evaluation	DME - PURCHASE	04/28/2011	0006F		9	V874678
50121	50001	SH	JO	0	0	Evaluation	MEDICAL CARE	04/12/2012	0001F			
50091	50001	SH	JO	0	0	Evaluation	DENTAL CARE	03/19/2009			9	0020
50091	50001	SH	JO	0	0	Evaluation	DENTAL CARE	03/18/2009	D2951		9	0011
50091	50001	SH	JO	0	0	Evaluation	DENTAL CARE	04/15/2009				

1 2 Next >

15.2.3 Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Authorized Eff Date	The date the PA becomes active for claims processing.	Field	Date (MM/DD/CCYY)	8
Authorized End Date	The date the PA is no longer active for claims processing.	Field	Date (MM/DD/CCYY)	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
First Name	Displays the first name of the recipient.	Field	Character	13
ICD Version	Indicates ICD Version of the Diagnosis code.	Field	Character	1
Last Name	Displays the last name of the recipient.	Field	Character	15
NDC	Displays the National Drug Code used to uniquely identify a drug.	Field	Alphanumeric	11
PA Assignment	Displays the type of prior authorization request.	Field	Alphanumeric	20
Prior Authorization	Displays the prior authorization number. Clicking the link will direct user to the Prior Authorization Detailed Info Display panel.	Field	Alphanumeric	10
Procedure	Displays the code to uniquely identify a procedure.	Field	Alphanumeric	5

Field	Description	Field Type	Data Type	Length
Recipient ID	Displays the Recipient's first 12-digits of their Medicaid identification number, for who received the service.	Field	Alphanumeric	12
Start Date	Displays the date the prior authorization was added.	Field	Date (MM/DD/CCYY)	10
Status	Displays the Prior Authorization current status.	Field	Alphanumeric	11
Next	Displays the link to the next page of search results.	Hyperlink	N/A	0
Previous	Displays the link to the previous page of search results.	Hyperlink	N/A	0

15.2.4 Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

15.2.5 Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.2.6 Search Results Panel Accessibility

15.2.6.1 To Access the Search Results Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click Search .	Prior Authorization Search panel displays.
3	Enter search criteria and click search .	Prior Authorization Search Results panel displays.

15.3 Prior Authorization Submit

15.3.1 Prior Authorization Submit Panel Narrative

The Prior Authorization Submit panel allows users to update a prior authorization (PA) using the web application. The user has the capability to review/update existing PAs. Users can also view/update the notes provided for the PA. However, only the requesting provider is permitted to view/update a prior authorization request.

Navigation Path: [Prior Authorization] – [Search] - [search] - [select row in search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

15.3.2 Prior Authorization Submit Panel Layout

Base Information ? ⬆

Prior Authorization 500 <input type="text"/> Recipient ID 5000 <input type="text"/> Last Name SH <input type="text"/> First Name, MI JC <input type="text"/> Date of Birth 0- <input type="text"/> - <input type="text"/> 0	PA Assignment DENTAL CARE Diagnosis 0020 <input type="text"/> [Search] <input type="text"/> ICD-9 <input type="text"/> Servicing Provider 00 <input type="text"/> MCD Clerk PUBLIXTE Provider 15 <input type="text"/> NPI Managed Care Indicator Yes <input type="text"/>
--	--

Line Item ?

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	Status
01	3,000	\$23.00	0,000	\$0.00				111	Evaluation

Select row above to update -or- click Add button below.

Line Item	Service <input type="text"/>	Thru Service <input type="text"/> [Search]
Type Code	<input type="text"/>	2: <input type="text"/> [Search]
Procedure	<input type="text"/> [Search]	4: <input type="text"/> [Search]
Modifier 1:	<input type="text"/> [Search]	Tooth 2: <input type="text"/> [Search]
Modifier 3:	<input type="text"/> [Search]	Tooth 4: <input type="text"/> [Search]
Tooth 1:	<input type="text"/> [Search]	Tooth 6: <input type="text"/> [Search]
Tooth 3:	<input type="text"/> [Search]	Tooth 8: <input type="text"/> [Search]
Tooth 5:	<input type="text"/> [Search]	
Tooth 7:	<input type="text"/> [Search]	
Quad	<input type="text"/> [Search]	
NDC Lock	<input type="text"/>	NDC <input type="text"/> [Search]
Revenue Code	<input type="text"/> [Search]	Requested Eff/End Dates <input type="text"/> <input type="text"/>
Status		Requested Units/Dollars <input type="text"/> <input type="text"/>
		Authorized Eff/End Dates
		Balance Units/Dollars
		Quantity Used Units/Dollars
		Authorized Units/Dollars

15.3.3 Prior Authorization Submit Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
delete	This button removes the record.	Button	N/A	0
save	This button saves current operation and re-submits the request to Medicaid.	Button	N/A	0
Authorized Eff/End Dates	Displays the requested prior authorization start and stop date for the line item. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Authorized Units/Dollars	Displays the units and/or dollar amount authorized for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Balance Units/Dollars	Displays the units and/or dollar amount balance for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14

Field	Description	Field Type	Data Type	Length
Clerk	Displays the clerk that entered the prior authorization. Defaulted to clerk that is logged in. Consist of User Name and First and Last Name. (Read-Only)	Field	Alphanumeric	130
Control Number	Displays the attachment/paperwork identifier (E.G. Document Control Number).	Field	Character	80
Date Entered [Notes List]	Displays the date that the PA note was entered. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Displays the date of birth of the recipient. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the free form text for the internal text (clinical note).	Field	Character	900
Description [Attachment Panel]	Displays the free form text for the attachment/paperwork.	Field	Character	80
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
First Name, MI	Displays the first name and middle initial of the recipient on the header. (Read-Only and defaulted on header panel.)	Field	Character	15
ICD Version	This field has no label and is read only. It is used to identify which ICD Version of Diagnosis code will be saved. Value of ICD Version will not be saved in the table.	Combo Box	Drop Down List Box	0
Last Name	Displays the last name of the recipient. (Read-Only and defaulted on header panel.)	Field	Character	15
Line Item	Displays the line items (or details) of a prior authorization record. (Read-Only)	Field	N/A	2
Line Item [Attachment Panel]	Displays the line number of the Prior Authorization attachment form text entered. It is used to uniquely identify rows of attachment form text that may have been entered for the same prior authorization.	Field	N/A	2
Managed Care Indicator	Displays whether a recipient participates in Managed care.	Combo Box	Drop Down List Box	0
Modifier 1	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2

Field	Description	Field Type	Data Type	Length
Modifier 2	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 3	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 4	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
NDC	Displays the NDC. Dynamic field that appears when 'NDC' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	11
NDC Lock	Displays the drop down list to indicate National Drug Code Lock. Valid values: P - GCN, T - GC3, N - NDC.	Combo Box	Drop Down List Box	0
PA Assignment	Displays the type of prior authorization request. (Read-Only)	Combo Box	Drop Down List Box	0
Prior Authorization	Displays the number assigned to identify a specific Prior Authorization request. (Read-Only)	Field	Number (Integer)	10
Procedure	Displays the procedure code. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	6
Provider	Displays the requesting/prescribing provider for the prior authorization. (Read-Only. Defaulted from login provider.)	Field	Alphanumeric	10
Quad	Displays the tooth quadrant. Dynamic field that appears when Procedure is selected from the Service Type Code drop down list.	Field	Alphanumeric	3
Quantity Used Units/Dollars	Displays the units and/or dollar amount used for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Recipient ID	Displays the recipient's Medicaid identification number. (Read-Only)	Field	Number (Integer)	13
Report Type	Displays the code describing the type of attachment/paperwork.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Requested Eff/End Dates	Displays the requested Prior Authorization start and stop date for the line item.	Field	Date (MM/DD/CCYY)	10
Requested Units/Dollars	Displays the number of units and/or the dollar amount requested for the Prior Authorization line item service.	Field	Number (Decimal)	14
Revenue Code	Displays the revenue code. Dynamic field that appears when 'Revenue Code' is selected from the 'Service Type Code' drop down list.	Field	Number (Integer)	4
Service Type Code	Displays the drop down list to indicate the service type code.	Combo Box	Drop Down List Box	0
Servicing Provider	Displays the servicing provider. Servicing Provider is also referred to as the Performing, Rendering or Billing provider. (Read-Only)	Field	Alphanumeric	10
Status	Displays the status of the prior authorization line item. (Read-Only). Default to Evaluation.	Combo Box	Drop Down List Box	0
Thru Service	Displays the thru procedure code, used to represent a range of procedure codes. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	6
Tooth 1	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 2	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 3	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 4	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 5	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2

Field	Description	Field Type	Data Type	Length
Tooth 6	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 7	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 8	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Transmission	Displays the code defining timing, transmission method or format of attachment/paperwork.	Combo Box	Drop Down List Box	0

15.3.4 Prior Authorization Submit Panel Field Edit Error Codes

Field	Error Message	To Correct
add	Exceeded maximum number of Line Items.	Enter a prior authorization with 26 detail lines or less.
save	Cannot save any changes when a line item has a status outside of Evaluation!	PA record cannot be updated if any of the line items are no longer in an Evaluation status.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Description	Description is required.	Enter data in the Description box.
Diagnosis	Diagnosis contains an invalid value.	Enter a valid Diagnosis Code.
Modifier 1	Modifier 1 is not valid.	Enter a valid Modifier Code
Modifier 2	Modifier 2 is not valid.	Enter a valid Modifier code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Modifier 3	Modifier 3 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.

Field	Error Message	To Correct
Modifier 4	Modifier 4 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Procedure	Procedure Code is required.	Enter a valid procedure code.
	Procedure Code is not valid.	Enter a valid procedure code.
Quad	Quad is not valid.	Enter a valid Quadrant Code.
Report Type	A valid Type is required.	Select a valid Report Type.
Requested Eff/End Dates	Requested Eff Date is required.	Enter a valid Requested Effective Date.
	Requested Eff Date must be less than or equal to Requested End Date.	Ensure Requested Effective Date is less than or equal to the Requested End Date .
	Requested Eff Date must be greater than or equal to 01/01/1900.	Enter a Requested Effective Date that is greater than or equal to 01/01/1900.
	Requested Eff Date must be less than or equal to 12/31/2299.	Enter a Requested Effective Date that is less than or equal to 12/31/2299.
	Requested End Date is required.	Enter a valid Requested End Date.
	Requested End Date must be greater than or equal to 01/01/1900.	Enter a Requested End Date that is greater than or equal to 01/01/1900.
	Requested End Date must be less than or equal to 12/31/2299.	Enter a Requested End Date that is less than or equal to 12/31/2299.
	Requested Effective Dates invalid for Diagnosis ICD version selected, please correct.	If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date. The ICD-9 Diagnosis End Date and ICD-10 Diagnosis Implementation Date are published on the CMS Web site.
Requested Units/Dollars	Requested Dollars must be greater than or equal to 0.00.	Ensure that this field is greater than or equal to zero.
	Requested Dollars must be less than or equal to 9999999.99.	Ensure the requested amount is not greater than \$9,999,999.99.
	Requested Units must be greater than or equal to 0.000.	Ensure that this field is greater than or equal to zero.
	Requested Units must be less than or equal to 9999999.999.	Ensure the units requested are not greater than 9,999,999.999.
	Either Requested Units or Requested Dollars is required.	Enter a value in either the Requested Dollars or Requested Units fields.
Revenue	Revenue Code is not valid.	Enter a valid Revenue Code.

Field	Error Message	To Correct
Code		
	Revenue Code is required.	Enter a valid Revenue Code.
Service Type Code	Service Type Code is required.	Select a valid Service Type Code.
	Service Type Code must be one of the following values: Empty, 1 = Revenue Code, 2 = Procedure Code.	A PA with the 'Service Type Code' of 'NDC Code' cannot be updated. Only an authorized clerk at HPES or HID may update a PA with an NDC service type.
Thru Service	Thru Service is not valid.	Enter a valid procedure code for the Thru Service.
Tooth 1	Tooth is not valid.	Enter a valid Tooth number.
Tooth 2	Tooth 2 is not valid.	Enter a valid Tooth number.
Tooth 3	Tooth 3 is not valid.	Enter a valid Tooth number.
Tooth 4	Tooth 4 is not valid.	Enter a valid Tooth number.
Tooth 5	Tooth 5 is not valid.	Enter a valid Tooth number.
Tooth 6	Tooth 6 is not valid.	Enter a valid Tooth number.
Tooth 7	Tooth 7 is not valid.	Enter a valid Tooth number.
Tooth 8	Tooth 8 is not valid.	Enter a valid Tooth number.
Transmission	A valid Transmission Code is required.	Select a valid Transmission Code.

15.3.5 Prior Authorization Submit Panel Extra Features

Field	Field Type
No extra features found for this page/panel.	

15.3.6 Prior Authorization Submit Panel Accessibility

15.3.6.1 To Access the Prior Authorization Submit Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click Search .	Prior Authorization Search panel displays.
3	Enter search criteria and click search .	Prior Authorization Search Results panel displays.
4	Click line item from search results panel.	Prior Authorization Submit panel displays.

15.3.6.2 To Add on the Prior Authorization Submit Panel

Step	Action	Response
1	Click add in Line Item section.	Activates fields for entry of data or selection from lists.
2	Select a Service Type Code from the drop down list.	
3	If applicable, enter a Procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	If applicable, enter a Modifier 1, Modifier 2, Modifier 3 or Modifier 4 code, or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
5	If applicable, enter a Tooth 1, Tooth 2, Tooth 3, Tooth 4, Tooth 5, Tooth 6, Tooth 7 or Tooth 8 code, or click [Search] to select from list.	Clicking [Search] activates the Tooth Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
6	If applicable, enter a Quad or click [Search] to select from list.	Clicking [Search] activates the Quadrant Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	If applicable, enter Revenue Code or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
8	If applicable, enter a Thru Service procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
9	Enter Requested Eff Dates date.	
10	Enter Requested End Dates date.	
11	Enter Requested Units number.	
13	Enter Requested Dollars amount.	
14	Click add in Notes section.	Activates fields for entry of data or selection from lists.
15	Enter Description .	
16	Click add in Attachments section.	Activates fields for entry of data or selection from lists.
17	Enter Control Number .	
18	Select Transmission from drop down list.	
19	Select Report Type from drop down list.	
20	Enter Description .	
21	Click save .	Prior Authorization information saved and re-sent to Medicaid for further review.

15.3.6.3 To Update on the Prior Authorization Submit Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click save .	Prior Authorization information saved and re-sent to Medicaid for further review.

15.4 Prior Authorization Submit - Base Information Panel

15.4.1 Prior Authorization Submit - Base Information Panel Narrative

The Prior Authorization Submit - Base Information panel allows users to enter base information for a new prior authorization.

The Base Information panel is the first of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] – [New] OR [Prior Authorization - Search] – [add]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

15.4.2 Prior Authorization Submit - Base Information Panel Layout

15.4.3 Prior Authorization Submit - Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
New	This button is used to add a new PA request.	Button	N/A	0
Next	This button redirects the user to the next panel for the prior authorization new submit process.	Button	N/A	0
Clerk	Displays the clerk that entered the prior authorization. (Read-Only)	Field	Alphanumeric	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
ICD Version	This field has no label and is read only. It is used to identify which ICD Version of Diagnosis code will be saved. Value of ICD Version will not be saved in the table.	Combo Box	Drop Down List Box	0
Managed Care Indicator	Displays whether a recipient participates in the Managed Care program.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
PA Assignment	Displays the type of prior authorization request.	Combo Box	Drop Down List Box	0
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
Servicing Provider	Displays the servicing provider. Servicing Provider is also referred to as the Performing, Rendering or Billing provider.	Field	Alphanumeric	10

15.4.4 Prior Authorization Submit - Base Information Panel Field Edit Error Codes

Field	Error Message	To Correct
PA Assignment	PA Assignment is required.	Select a PA Assignment.
Recipient ID	Recipient ID is required.	Enter a valid recipient ID.
	Recipient ID contains an Invalid number.	Enter a valid 13 digit Recipient ID.
	The Check Digit Number is not Valid for this recipient.	Enter the correct check digit for the recipient.
	Recipient ID must be 13 Digits with a valid Check Digit Number.	Enter a valid 13 digit Recipient ID.
	Recipient ID is not current, resubmit with their current Medicaid ID.	Enter the recipient's current ID that usually begins with 500.
Servicing Provider	Servicing Provider is Required.	Enter a valid servicing provider ID.

15.4.5 Prior Authorization Submit - Base Information Panel Extra Features

Field	Field Type
NPI or MCD	Hyperlink appears after the Servicing Provider field is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.

Based on the User ID to NPI number association, the requesting/prescribing NPI number is automatically inserted as part of the prior authorization request. To submit a prior authorization request using a different NPI number, access the Switch Provider panel.

15.4.6 Prior Authorization Submit - Base Information Panel Accessibility

15.4.6.1 To Access the Prior Authorization Submit - Base Information Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click New , or click Search and then add .	Base Information panel displays.

15.4.6.2 To Add on the Prior Authorization Submit - Base Information Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Select PA Assignment from drop down list.	
3	Enter Diagnosis or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter Servicing Provider .	
5	Select Managed Care Indicator from drop down list.	
6	Click Next .	Line Item panel displays.

15.5 Prior Authorization Submit - Line Item Panel

15.5.1 Prior Authorization Submit - Line Item Panel Narrative

The Line Item panel allows users to enter multiple line items for a new prior authorization.

The Line Item panel is the second of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

15.5.2 Prior Authorization Submit - Line Item Panel Layout

Base Information > Line Item

Provider 516916416 MCD

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	Status
A 01	0	\$0.00	0	\$0.00					Evaluation

Type data below for new record.

Line Item	01								
Service Type Code*	<input type="text"/>				Thru Service	<input type="text"/>			
Procedure	<input type="text"/> [Search]				2:	<input type="text"/> [Search]			
Modifier 1:	<input type="text"/> [Search]				4:	<input type="text"/> [Search]			
Modifier 3:	<input type="text"/> [Search]				Tooth 2:	<input type="text"/> [Search]			
Tooth 1:	<input type="text"/> [Search]				Tooth 4:	<input type="text"/> [Search]			
Tooth 3:	<input type="text"/> [Search]				Tooth 6:	<input type="text"/> [Search]			
Tooth 5:	<input type="text"/> [Search]				Tooth 8:	<input type="text"/> [Search]			
Tooth 7:	<input type="text"/> [Search]				NDC	<input type="text"/> [Search]			
Quad	<input type="text"/> [Search]				Requested Eff/End Dates*	<input type="text"/>	<input type="text"/>		
NDC Lock	<input type="text"/>				Requested Units/Dollars	<input type="text"/>	<input type="text"/>	0	\$0.00
Revenue Code	<input type="text"/> [Search]				Authorized Eff/End Dates				
Status	Evaluation				Balance Units/Dollars			0.000	\$0.00
					Quantity Used Units/Dollars			0.000	\$0.00
					Authorized Units/Dollars			0	\$0.00

15.5.3 Prior Authorization Submit - Line Item Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button adds detail lines.	Button	N/A	0
Authorized Eff/End Dates	Displays the requested prior authorization start and stop date for the line item. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Authorized Units/Dollars	Displays the units and/or dollar amount authorized for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Balance Units/Dollars	Displays the units and/or dollar amount balance for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
delete	This button is used to remove detail lines.	Button	N/A	0
Line Item	Displays the line items (or details) of a prior authorization record. (Read-Only)	Field	Number (Integer)	2
Modifier 1	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 2	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 3	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 4	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
NDC	Displays the NDC. Dynamic field that appears when 'NDC' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	11
NDC Lock	Displays the drop down list to indicate National Drug Code Lock. Valid values: P - GCN, T - GC3, N - NDC.	Combo Box	Drop Down List Box	0
New	This button is used to add a new PA request.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Next	This button redirects the user to the next panel for the prior authorization new submit process.	Button	N/A	0
Previous	This button redirects the user to the previous panel in prior authorization new submit process.	Button	N/A	0
Procedure	Displays the procedure code. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	6
Quad	Displays the tooth quadrant. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	3
Quantity Used Units/Dollars	Displays the units and/or dollar amount used for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Requested Eff/End Dates	Displays the requested Prior Authorization start and stop date for the line item.	Field	Date (MM/DD/CCYY)	10
Requested Units/Dollars	Displays the number of units and/or the dollar amount requested for the Prior Authorization line item service.	Field	Number (Decimal)	14
Revenue Code	Displays the revenue code. Dynamic field that appears when 'Revenue Code' is selected from the 'Service Type Code' drop down list.	Field	Number (Integer)	4
Service Type Code	Displays the drop down list to select the service type code.	Combo Box	Drop Down List Box	0
Status	Displays the status of the prior authorization line item. (Read-Only). Default to Evaluation.	Combo Box	Drop Down List Box	0
Thru Service	Displays the thru procedure code, used to represent a range of procedure codes. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	6
Tooth 1	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2

Field	Description	Field Type	Data Type	Length
Tooth 2	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 3	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 4	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 5	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 6	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 7	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 8	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2

15.5.4 Prior Authorization Submit - Line Item Panel Field Edit Error Codes

Field	Error Message	To Correct
add	Exceeded maximum number of Line Items.	Enter a prior authorization with 26 detail lines or less.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Modifier 1	Modifier 1 is not valid.	Enter a valid Modifier code.
Modifier 2	Modifier 2 is not valid.	Enter a valid Modifier code.

Field	Error Message	To Correct
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Modifier 3	Modifier 3 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Modifier 4	Modifier 4 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Procedure	Procedure Code is required.	Enter a valid procedure code.
	Procedure Code is not valid.	Enter a valid procedure code.
Quad	Quad is not valid.	Enter a valid Quadrant Code.
Requested Eff /End Dates	Requested Eff Date is required.	Enter a valid Requested Effective Date.
	Requested Eff Date must be less than or equal to Requested End Date.	Ensure Requested Effective Date is less than or equal to the Requested End Date
	Requested Eff Date must be greater than or equal to 01/01/1900.	Enter a Requested Effective Date that is greater than or equal to 01/01/1900.
	Requested Eff Date must be less than or equal to 12/31/2299.	Enter a Requested Effective Date that is less than or equal to 12/31/2299.
	Requested End Date is required.	Enter a valid Requested End Date.
	Requested End Date must be greater than or equal to 01/01/1900.	Enter a Requested End Date that is greater than or equal to 01/01/1900.
	Requested End Date must be less than or equal to 12/31/2299.	Enter a Requested End Date that is less than or equal to 12/31/2299.
	Requested Effective Dates invalid for Diagnosis ICD version selected, please correct.	If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date. The ICD-9 Diagnosis End Date and ICD-10 Diagnosis Implementation Date are published on the CMS Web site.
Requested Units/Dollars	Requested Dollars must be greater than or equal to 0.00.	Ensure that this field is greater than or equal to zero.
	Requested Dollars must be less than or equal to 9999999.99.	Ensure the requested amount is not greater than \$9,999,999.99.
	Requested Units must be greater than or equal to 0.000.	Ensure that this field is greater than or equal to zero.
	Requested Units must be less than or	Ensure the units requested are not greater than

Field	Error Message	To Correct
	equal to 9999999.999.	9,999,999.999.
	Either Requested Units or Requested Dollars is required.	Enter a value in either the Requested Dollars or Requested Units fields.
Revenue Code	Revenue Code is not valid.	Enter a valid Revenue Code.
	Revenue Code is required.	Enter a valid Revenue Code.
Service Type Code	Service Type Code is required.	Select a valid Service Type Code.
Thru Service	Thru Service is not valid.	Enter a valid procedure code for the Thru Service.
Tooth 1	Tooth 1 is not valid.	Enter a valid Tooth number.
Tooth 2	Tooth 2 is not valid.	Enter a valid Tooth number.
Tooth 3	Tooth 3 is not valid.	Enter a valid Tooth number.
Tooth 4	Tooth 4 is not valid.	Enter a valid Tooth number.
Tooth 5	Tooth 5 is not valid.	Enter a valid Tooth number.
Tooth 6	Tooth 6 is not valid.	Enter a valid Tooth number.
Tooth 7	Tooth 7 is not valid.	Enter a valid Tooth number.
Tooth 8	Tooth 8 is not valid.	Enter a valid Tooth number.

15.5.5 Prior Authorization Submit - Line Item Panel Extra Features

Field	Field Type
Service Type Code	Selecting "Procedure Code" from the Service Type Code drop down list option activates the Procedure Code fields.
	Selecting "Revenue Code" from the Service Type Code drop down list option activates the Revenue Code fields.

15.5.6 Prior Authorization Submit - Line Item Panel Accessibility

15.5.6.1 To Access the Prior Authorization Submit - Line Item Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click New .	Base Information panel displays.
3	Click Next .	Line Item panel displays.

15.5.6.2 To Add on the Prior Authorization Submit - Line Item Panel

Step	Action	Response
1	Select a Service Type Code from the drop	

Step	Action	Response
	down list.	
2	Enter a Procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
3	Enter a Modifier 1, Modifier 2, Modifier 3 or Modifier 4 code, or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter a Tooth 1, Tooth 2, Tooth 3, Tooth 4, Tooth 5, Tooth 6, Tooth 7 or Tooth 8 code, or click [Search] to select from list.	Clicking [Search] activates the Tooth Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
5	Enter a Quad or click [Search] to select from list.	Clicking [Search] activates the Quadrant Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
6	Enter Revenue Code or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Enter a Thru Service procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
8	Enter Requested Eff Dates date.	
9	Enter Requested End Dates date.	
10	Enter Requested Units number.	
11	Enter Requested Units dollar amount.	
12	Click add in Line Item section to add another service line and repeat steps 1 thru 11.	Activates fields for entry of data or selection from lists.
13	Click Next .	Notes panel displays.

15.5.6.3 To Update on the Prior Authorization Submit - Line Item Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click Next .	Notes panel displays.

15.6 Prior Authorization Submit New – Notes Panel

15.6.1 Prior Authorization Submit New – Notes Panel Narrative

The Prior Authorization Submit New – Notes panel allows users to enter multiple clinical notes for a new prior authorization.

The Prior Authorization Submit New – Notes panel is the third of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] - New – [click on Next from the Line Item panel]

NOTE:

This panel is for informational purposes only. It does not permit a user to attach an electronic file for submission to Alabama Medicaid. If attachment information is included, please print and attach the PA response to the required attachments. Mail these attachments to HPES, Attention to: PA Unit. Address: PO Box 244032, Montgomery, AL 36124.

15.6.2 Prior Authorization Submit New – Notes Panel Layout

Base Information > Line Item > Notes

Provider 516916416 MCD

15.6.3 Prior Authorization Submit New – Notes Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button adds a new note record.	Button	N/A	0
delete	This button deletes a note record.	Button	N/A	0
New	This button is used to add a new PA request.	Button	N/A	0
Next	This button redirects the user to the next panel for the prior authorization new submit process.	Button	N/A	0
Previous	This button redirects the user to the previous panel in prior authorization new submit process.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Date Entered [List]	Displays the date that the prior authorization note was entered.	Field	Date (MM/DD/CCYY)	10
Description	Displays the free form text for the internal text (clinical note).	Field	Character	540
Line Item [List]	Displays the line item of the prior authorization.	Field	Number (Integer)	2

15.6.4 Prior Authorization Submit New – Notes Panel Field Edit Error Codes

Field	Error Message	To Correct
Description	Description is required.	Enter data in the notes Description box.

15.6.5 Prior Authorization Submit New – Notes Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.6.6 Prior Authorization Submit New – Notes Panel Accessibility

15.6.6.1 To Access the Prior Authorization Submit New – Notes Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click New .	Base Information panel displays.
3	Click Next .	Line Item panel displays.
4	Click Next .	Notes panel displays.

15.6.6.2 To Add on the Prior Authorization Submit New – Notes Panel

Step	Action	Response
1	Click add .	Activates fields for entry of data or selection from lists.
2	Enter Description .	
3	Click save or Next .	Notes information saves and/or Attachments panel displays.

15.6.6.3 To Update on the Prior Authorization Submit New – Notes Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click save or Next .	Notes information saves and/or Attachments panel displays.

15.7 Prior Authorization Submit - Attachments

15.7.1 Prior Authorization Submit - Attachments Panel Narrative

The Prior Authorization Submit - Attachments panel allows users to enter multiple, internal attachments for a new prior authorization.

The Prior Authorization Submit - Attachments panel is the last of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] - New – [click on Next from the Notes panel]

15.7.2 Prior Authorization Submit - Attachments Panel Layout



15.7.3 Prior Authorization Submit - Attachments Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button adds a new note record.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
delete	This button deletes a note record.	Button	N/A	0
new	This button is used to add a new PA request.	Button	N/A	0
save	This button saves current operation and submits the request to Medicaid.	Button	N/A	0
Control Number	Displays the attachment/paperwork identifier (e.g. Document Control Number).	Field	Character	80
Description	Displays the free form text for the attachment/paperwork.	Field	Character	80
Line Item	Displays the line number of the prior authorization attachment form text entered. It is used to uniquely identify rows of attachment form text that may have been entered for the same prior authorization.	Field	Number (Integer)	3

Field	Description	Field Type	Data Type	Length
Report Type	Displays the code describing the type of attachment/paperwork.	Combo Box	Drop Down List Box	0
Transmission Code	Displays the code defining timing, transmission method or format of attachment/paperwork.	Combo Box	Drop Down List Box	0

15.7.4 Prior Authorization Submit - Attachments Panel Field Edit Error Codes

Field	Error Message	To Correct
Report Type	A valid Type is required.	Select a valid Report Type.
Transmission Code	A valid Transmission Code is required.	Select a valid Transmission Code.

15.7.5 Prior Authorization Submit - Attachments Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.7.6 Prior Authorization Submit - Attachments Panel Accessibility

15.7.6.1 To Access the Prior Authorization Submit - Attachments Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click New .	Base Information panel displays.
3	Click Next .	Line Item panel displays.
4	Click Next .	Notes panel displays.
5	Click Next .	Attachments panel displays.

15.7.6.2 To Add on the Prior Authorization Submit - Attachments Panel

Step	Action	Response
1	Click add .	Activates fields for entry of data or selection from lists.
2	Enter Control Number .	
3	Select Transmission from drop down list.	
4	Select Report Type from drop down list.	
5	Enter Description .	
6	Click save .	Attachments information saves.

15.7.6.3 To Update on the Prior Authorization Submit - Attachments Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click save .	Attachments information saved.

16. Provider Maintenance

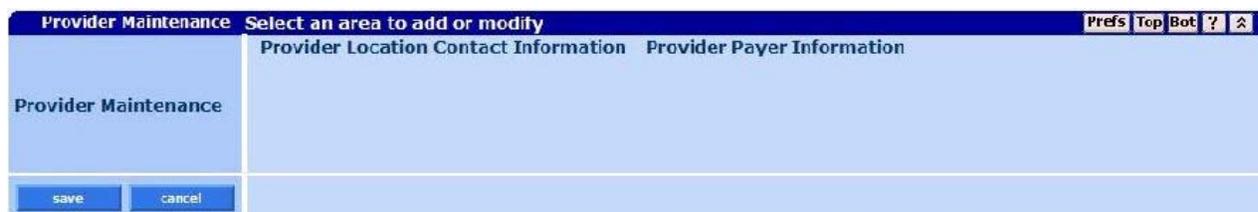
16.1 Provider Maintenance Panel Overview

16.1.1 Provider Maintenance Panel Narrative

The Provider Maintenance panel contains links to information at the provider level. This panel is utilized as a navigation tool to access provider related panels such as the Provider Payer Information panel and Provider Location Contact Information panel. This panel is inquiry only.

Navigation Path: [Provider] – [ProviderMaintenance]

16.1.2 Provider Maintenance Panel Layout



16.1.3 Provider Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Provider Maintenance panels.	Button	N/A	0
Provider Location Contract Information	Link to Provider Location Information Panel.	Hyperlink	N/A	0
Provider Payer Information	Link to Provider Payer Information Panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the Provider Maintenance panels.	Button	N/A	0

16.1.4 Provider Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

16.1.5 Provider Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.1.6 Provider Maintenance Panel Accessibility

16.1.6.1 To Access the Provider Maintenance Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Provider and click ProviderMaintenance .	Provider Maintenance panel displays.

16.2 Provider Location Contact Information Panel Overview

16.2.6 Provider Location Contact Information Panel Narrative

Provider Location Contact Information panel allows providers to submit updates to specific information such as contact information.

Navigation Path: [Provider] – [Provider Maintenance] – [Click on Hyperlink Provider Location Contact Information]

16.2.7 Provider Location Contact Information Panel Layout

The screenshot shows a web application window titled "Provider Location Contact Information". At the top, there is a search bar with "Provider ID" and a "[Search]" button. Below the search bar, there are "Search" and "Clear" buttons. The main content area is titled "Search Results" and displays a table of search results. The first result is for JEAN WATSON, with details for address, contact information, and service location information.

National Provider ID	Medicaid Provider ID	Name	Address	City	State	Zip	Zip + 4
1952856065	529801730	JEAN WATSON	2146 BELCOURT AVE	NASHVILLE	TN	37232	8792

Below the search results, there are two columns of information:

- Address 1:** 2146 BELCOURT AVE
- Address 2:** (Empty field)
- City:** NASHVILLE
- State:** TN
- Zip:** 37232 8792
- Contact Name*:** JEAN WATSON
- Contact Phone Number:** (334)215-0111 4108
- Contact Fax:** (334)215-4272
- Contact Email:** JEAN.WATSON@HP.COM
- Service Location Email:** johnny.appleseed@netzero.com
- Service Location Phone*:** (334)262-8533 1234
- Toll Free Phone:** (888)223-3630 1234
- Service Location Fax:** (334)999-3568

16.2.8 Provider Location Contact Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	First line of the provider's address.	Field	Character	30
Address 2	Second line of the provider's address.	Field	Character	30
City	City related to the provider's address.	Field	Character	15
Clear	Clears all data applied to a panel.	Button	N/A	0
Contact E-mail	Contact person's e-mail address attached with provider address.	Field	Character	50
Contact Fax	Contact person's fax number attached with provider address.	Field	Numeric (Integer)	10
Contact Name	Name of the Primary Contact attached with provider address	Field	Character	50
Contact Phone Number	Contact person's phone number attached with provider address.	Field	Numeric (Integer)	10
Provider ID	Provider ID of the Provider.	Field	Character	15

Field	Description	Field Type	Data Type	Length
Search	Performs search based on criteria entered and displays search results within the pop up search panel. Selecting the desired result returned populates the main panel with the corresponding data.	Button	N/A	0
Service Location Email	Email address for the provider's service location.	Field	Character	50
Service Location Phone Number	Phone number for the provider's service location.	Field	Numeric (Integer)	10
Service Location Fax Number	Fax number for the provider's service location.	Field	Numeric (Integer)	10
State	State of the provider's address.	Field	Character	2
Toll Free Phone	Toll free phone+4 numbers associated to the provider's address.	Field	Character	10
Zip	Zip +4 of the provider's address.	Field	Numeric (Integer)	9

16.2.9 Provider Location Contact Information Panel Field Edit Error Codes

Field	Error Message	To Correct
All Fields	Enter a valid value.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. Email addresses must be in the format XXXXXX@xxx.xxx Fields must be completely filled in.
Contact Name	Contact Name is Required	Enter the Contact Name.
Service Location Phone	Service Location Phone is required.	Enter the phone number for the Service Location.

16.2.10 Provider Location Contact Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.2.11 Provider Location Contact Information Panel Accessibility

16.2.11.1 To Access the Provider Location Contact Information Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Provider and click ProviderMaintenance .	Provider Maintenance panel displays.
3	Click on Provider Location Contact Information Hyperlink.	Provider Location Contact Information panel displays.

16.3 Provider Payer Information Panel Overview

16.3.6 Provider Payer Information Panel Narrative

Provider Payer Information Panel allows providers to submit updates to specific information such as address and phone number.

Navigation Path: [Provider] – [Provider Maintenance] – [Click on Hyperlink Provider Payer Information Panel]

16.3.7 Provider Payer Information Panel Layout

The screenshot shows a web browser window titled "Provider Payer Information". At the top, there is a table with columns: Usage, Name, Street, City, State, Country, Zip, Zip + 4, Phone, Ext, and E-Mail. The data in the table is as follows:

Usage	Name	Street	City	State	Country	Zip	Zip + 4	Phone	Ext	E-Mail
Mail to	VANDERBILT MEDICAL GROUP	33 TEST STREET	MONTGOMERY	AL	US	36117	0111	(334)215-0111	4108	jean.watson@hp.com
Pay to	VANDERBILT MEDICAL GROUP	33 TEST STREET	MONTGOMERY	AL	US	36117	0111	(334)215-0111	4108	jean.watson@hp.com

Below the table, there is a section titled "Type changes below." with a "Usage" dropdown menu set to "Pay to". The form contains the following fields:

- Address 1*: 33 TEST STREET
- Address 2: SUITE 2
- City*: MONTGOMERY
- State*: AL (dropdown)
- Zip*: 36117 0111
- Phone*: (334)215-0111 4108
- Fax: (334)215-4272
- E-Mail: jean.watson@hp.com
- Toll Free Phone: (888)223-3630 1234

16.3.8 Provider Payer Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	The first line of the provider address.	Field	Character	30
Address 2	The Second line of the provider address.	Field	Character	30
City	The city associated with the provider address	Field	Character	30
E-mail	The email address of the provider.	Field	Character	50
Fax	The fax number for the provider	Field	Numeric (Integer)	10
Phone	Phone+4 phone number for the provider.	Field	Numeric (Integer)	14
State	The two character state code for the provider address.	Combo Box	Drop Down List Box	2
Toll Free Phone	Toll Free Phone+4 phone number for the provider.	Field	Numeric (Integer)	14
Usage	The type of provider address.	Combo Box	Drop Down List Box	1
Zip	Zip +4 of the provider's address	Field	Character	9

16.3.9 Provider Payer Information Panel Field Edit Error Codes

Field	Error Message	To Correct
All Fields	Enter a valid value.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. Email addresses must be in the format XXXXXX@xxx.xxx Fields such as phone number must be completely filled in when present.
Address 1	Address 1 is required.	Enter Address 1 information.
City	City is required.	Enter City.
State	State is required.	Enter State.
Zip	Zip is required.	Enter Zip Code.
Phone	Phone is required.	Enter Phone Number.

16.3.10 Provider Payer Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.3.11 Provider Payer Information Panel Accessibility

16.3.11.1 To Access the Provider Payer Information Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Provider and click ProviderMaintenance .	Provider Maintenance panel displays.
3	Click on Provider Payer Information Hyperlink.	Provider Payer Information panel displays.

17. PMP Assignment

17.1 PMP Assignment Panel Narrative

This panel allows providers the capability to make Patient 1st assignments.

Navigation Path: [Provider] – [PMP Assignment]

17.1.1 PMP Assignment Panel Layout

17.1.2 PMP Assignment Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Assign	Initiates the assignment of new recipient to the PMP.	Button	N/A	0
Cancel	Cancels the transaction and clears the fields of PMP Assignment panel.	Button	N/A	0
Recipient ID	Recipient identification number.	Field	Number (Integer)	12
Recipient Name	Recipient name is displayed based on the Medicaid ID.	Field	Alphanumeric	40
[search]	Opens a new window for search based on Medicaid ID, Last Name, First Name or SSN.	Hyperlink	N/A	0
Validate	Initiates the validation for the recipient for his eligibility of Patient 1st.	Button	N/A	0

17.1.3 PMP Assignment Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Validate				
	Button	3	Unable to make PMP assignment as the requesting provider is not a Patient 1st participating provider.	The requesting provider is not a Patient 1st participating provider.
	Button	4	<Recipient Name>(RID <Medicaid ID>) already assigned to PMP, no	The requesting recipient has already been assigned to the

Field	Field Type	Error Code	Error Message	To Correct
			update/changes allowed.	requesting PMP provider.
	Button	5	PMP panel at contractual maximum limit, unable to assign recipient.	No more assignments can be made for the requesting provider as PMP contractual max has been reached.
	Button	6	Unable to assign recipient due to PMP Provider panel restriction placed by the Medicaid Agency, please contact the Provider Assistance Center for further assistance (800-688-7989).	Panel hold has been placed for the requesting provider by Agency or HP, please contact the Provider Assistance Center for further assistance.
	Button	7	<Recipient Name>(RID <Medicaid ID>) does not meet Distance restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requested recipient does not meet the Distance restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Distance restriction.
	Button	8	<Recipient Name>(RID <Medicaid ID>) does not meet Age restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requested recipient does not meet the Age restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Age restriction.
	Button	9	<Recipient Name>(RID <Medicaid ID>) does not meet Gender restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requested recipient does not meet the Gender restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Gender restriction.
	Button	10	Unable to assign Recipient due to panel hold placed by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requesting provider has placed Panel hold. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Panel hold restriction.
	Button	11	<Recipient Name>(RID <Medicaid ID>) has been previously dismissed from PMP, no update/changes allowed.	The requested recipient has been dismissed from being assigned to PMP by the requesting provider.
	Button	12	<Recipient Name>(RID <Medicaid ID>) is deceased, no	The requested recipient is dead. So no updates can be made for

Field	Field Type	Error Code	Error Message	To Correct
			update/changes allowed .	him.
	Button	13	<Recipient Name>(RID <Medicaid ID>) not currently eligible for PMP assignment since First Name is Unborn.	The requested recipient cannot be assigned as the first name is UNBORN.
	Button	14	Unable to make PMP assignment, please contact the Provider Assistance Center for further assistance (800-688-7989).	Due to some reason the PMP assignment cannot be done, please contact the Provider Assistance Center for further assistance.
	Button	15	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an invalid Aid Category for Patient 1st.	The requested recipient is not eligible for Patient 1st assignment.
	Button	16	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has a Patient 1st exemption.	The requested recipient is not eligible for Patient 1st assignment.
	Button	17	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient residential county invalid for Patient 1st.	The requested recipient is not eligible for Patient 1st assignment.
	Button	18	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an invalid Patient 1st aid category.	The requested recipient is not eligible for Patient 1st assignment.
	Button	19	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is not currently eligible for Patient 1st due to benefit plan assignment.	The requested recipient is not eligible for Patient 1st assignment.
	Button	20	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient enrolled in Medicare.	The requested recipient is not eligible for Patient 1st assignment.
	Button	21	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient	The requested recipient is not eligible for Patient 1st assignment.

Field	Field Type	Error Code	Error Message	To Correct
			has an active HMO policy on file.	
	Button	22	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is not currently eligible for Patient 1st due to special condition assignment.	The requested recipient is not eligible for Patient 1st assignment.
	Button	23	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient considered adult, Aid Category assigned not valid for Patient 1st.	The requested recipient is not eligible for Patient 1st assignment.
	Button	24	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an active long term care segment on file.	The requested recipient is not eligible for Patient 1st assignment.
	Button	25	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is currently Inactive.	The requested recipient is not eligible for Patient 1st assignment.
	Button	26	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient does not currently reside in Alabama.	The requested recipient is not eligible for Patient 1st assignment.

17.1.4 PMP Assignment Panel Extra Features

Field	Field Type
No extra features found for this panel.	

17.1.5 PMP Assignment Panel Accessibility

17.1.5.1 To Access the PMP Assignment Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Provider and click PMP Assignment.	PMP Assignment panel displays.
3	Enter Recipient Medicaid ID and move the	Validate button will be enabled.

Step	Action	Response
	control away from the text box.	
4	Click on the Validate button to validate the recipient.	Respective message will be displayed and the Assign button will be enabled.
5	Click the Assign button to assign the requested recipient to the requesting provider.	Saved successfully message will be displayed.

18. Consent Form Search

18.1 Consent Form Search Panel Overview

18.1.6 Consent Form Search Panel Narrative

This panel is available through the secure Provider web portal and allows end users to do a search for Recipient Consent Forms.

Navigation Path: [Providers] – [ConsentFormSearch]

18.1.7 Consent Form Search Panel Layout

18.1.8 Consent Form Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	This button clears all the search criteria fields.	Button	N/A	0
Date of Surgery (MM/CCYY)	This is the date of Surgery.	Field	Date (MM/CCYY)	6
Consent Form Number (optional)	This is the consent form number.	Field	Number	11
Recipient ID	Recipient Identification Number.	Field	Number	12
Name	This is the name Recipient.	Field	Character	50
Search	This button initiates the search.	Button	N/A	0

18.1.9 Consent Form Search Panel Field Edit Error Codes

Field	Error Message	To Correct
Consent Form Number (optional)	Required search criteria is Consent Form Number OR Recipient ID and Surgery Date.ddi	Enter a valid Consent Form Number.
	Consent Form Number must be 11 digits.	Enter a valid 11 digit Consent Form Number.

Field	Error Message	To Correct
Date of Surgery (MM/CCYY)	Required search criteria is Consent Form Number OR Recipient ID and Surgery Date.	Enter a valid Date of Surgery.
	Date of Surgery is not valid, should be equal to or less than current month & year.	Enter a valid Date of Surgery in the (MM/CCYY) format.
	Date of Surgery is required to search with Recipient ID.	Enter a valid Date of Surgery.
Recipient ID	Required search criteria is Consent Form Number OR Recipient ID and Surgery Date	Enter a valid Recipient ID.
	Recipient ID is required to search with Date of Surgery.	Enter a valid Recipient ID.
	Recipient ID must be 12 digits.	Enter a valid 12 digit Recipient ID.

18.1.10 Consent Form Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

18.1.11 Consent Form Search Panel Accessibility

18.1.11.1 To Access the Consent Form Search Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Providers and click ConsentFormSearch .	Consent Form Search panel displays.

19. Search Pop-Up Panels

Search pop-up panels are accessed by means of a [search] hyperlink which is displayed alongside the related field. Each search window is related to a specific field and will permit a user to enter search criteria when the particular value or number is not known.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to check eligibility, billing restrictions and/or requirements as noted within the Alabama Medicaid Provider Manual.

The Search Pop-Up panels include the following sections:

- Search – Admission Type
- Search – Carrier Code
- Search – Condition
- Search – Diagnosis
- Search – Modifiers
- Search – NDC
- Search – Occurrence Code
- Search – Patient Status
- Search – POS
- Search – Prescriber License
- Search – Procedure
- Search – Procedure ICD-9
- Search – Provider ID
- Search – Quadrant
- Search – Revenue Code
- Search – Tooth
- Search – User Name

Navigation Path: [search] hyperlink.

19.1 Admission Type Search

19.1.1 Admission Type Search Panel Narrative

The Admission Type Search pop-up panel allows for the search of an admission type.

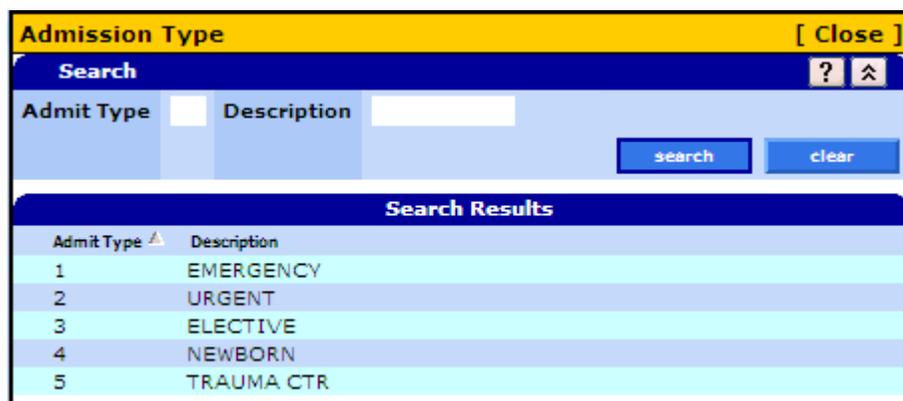
NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search]

19.1.2 Admission Type Search Panel Layout



19.1.3 Admission Type Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Admit Type	Displays the code which indicates the priority of the admission of a recipient for inpatient services.	Field	Character	1
Description	Displays the description for the priority of the admission of a recipient for inpatient services.	Field	Alphanumeric	10

19.1.4 Admission Type Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.1.5 Admission Type Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.1.6 Admission Type Search Panel Accessibility

19.1.6.1 To Access the Admission Type Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click [Search] .	Admission Type Search panel displays.

19.1.6.2 To Search on the Admission Type Search Panel

Step	Action	Response
1	Enter Admit Type or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.2 Carrier Code Search

19.2.1 Carrier Code Search Panel Narrative

The Carrier Code Search pop-up panel allows for the search of a carrier.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Select a Dental, Institutional or Professional claim form)] – [TPL Panel] – [Search]

19.2.2 Carrier Code Search Panel Layout

The screenshot shows a web-based search interface titled "Carrier Code" with a "[Close]" button in the top right. Below the title is a "Search" section with two input fields: "Carrier Number" and "Carrier Name". To the right of these fields are two buttons: "search" and "clear". Below the search fields is a "Search Results" table with the following columns: Carrier Number, Carrier Name, Address 1, Address 2, City, Zip, Mail Zip4, State, and FEIN. The table contains 11 rows of data, with the last row showing "INCORRECT ADDRESS UN" and a "Next >" link.

Carrier Number	Carrier Name	Address 1	Address 2	City	Zip	Mail Zip4	State	FEIN
00001	AAA	2001 PARK		BIRMINGHAM	35203	1516	AL	
00002	A A R P INS PLAN	UNITED HEA	P O BOX 7	ATLANTA	30374		GA	
00003	A F G E HEALTH PLAN	80 F STREE		WASHINGTON	20005		DC	
00004	A & M LIFE INSURANCE	CLAIMS DEP	C/O POSTMA	WAKEFIELD	01880		MA	
00005	ACACIA MUTUAL LIFE INS CO	51 LOUISIA		WASHINGTON	20001		DC	
00006	ACADEMY LIFE INS CO	SOUTHEASTE	PO BOX 100	VALLEY FOR	19398		PA	
00007	AETNA LIFE & CASUALTY CO	P O BOX 14		LEXINGTON	40512		KY	
00008	AETNA LIFE INS CO	P O BOX 14		LEXINGTON	40512		KY	
00009	AFRO-AMER LIFE INS CO	PO BOX 214		JACKSONVIL	32231		FL	
00010	SOC OF LUTHERAN -	INCORRECT		ADDRESS UN	55911			

19.2.3 Carrier Code Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address 1	Displays the street address for the carrier.	Field	Character	30
Address 2	Displays the second street address for the carrier.	Field	Character	30
Carrier Name	Displays the description of the carrier code.	Field	Character	45

Field	Description	Field Type	Data Type	Length
Carrier Number	Displays the carrier code.	Field	Number (Integer)	10
City	Displays the city for the carrier.	Field	Character	15
FEIN	Displays the Federal Employer Identification Number (FEIN) for the carrier.	Field	Number (Integer)	9
Mail Zip4	Displays the zip code + 4 for the carrier.	Field	Number (Integer)	4
State	Displays the state for the carrier.	Field	Alphanumeric	2
Zip	Displays the first 5 digits of the zip code for the carrier.	Field	Number (Integer)	5

19.2.4 Carrier Code Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.2.5 Carrier Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.2.6 Carrier Code Search Panel Accessibility

19.2.6.1 To Access the Carrier Code Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Select a Dental, Institutional or Professional claim form.	Claim panel displays.
3	Select a row or click add on the TPL panel.	TPL panel is activated, displaying the Carrier Code field.
4	Click [Search] .	Carrier Code Search panel displays.

19.2.6.2 To Search on the Carrier Code Search Panel

Step	Action	Response
1	Enter Carrier Number or Carrier Name .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.3 Condition Search

19.3.1 Condition Search Panel Narrative

The Condition Search pop-up panel allows for the search of a condition.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Condition] – [Search]

19.3.2 Condition Search Panel Layout



19.3.3 Condition Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Condition	Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.	Field	Character	2
Description	Displays the description of conditions relating to a UB04 claim that may affect payer processing.	Field	Alphanumeric	40

19.3.4 Condition Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.3.5 Condition Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.3.6 Condition Search Panel Accessibility

19.3.6.1 To Access the Condition Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Condition .	Condition panel displays.
4	Select a row or click add on the Condition panel.	Condition panel is activated, displaying the Condition field.
5	Click [Search] .	Condition Search panel displays.

19.3.6.2 To Add on the Condition Search Panel

Step	Action	Response
1	Enter Condition or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.4 Diagnosis Search

19.4.1 Diagnosis Search Panel Narrative

The Diagnosis Search pop-up panel allows for the search of a diagnosis code.

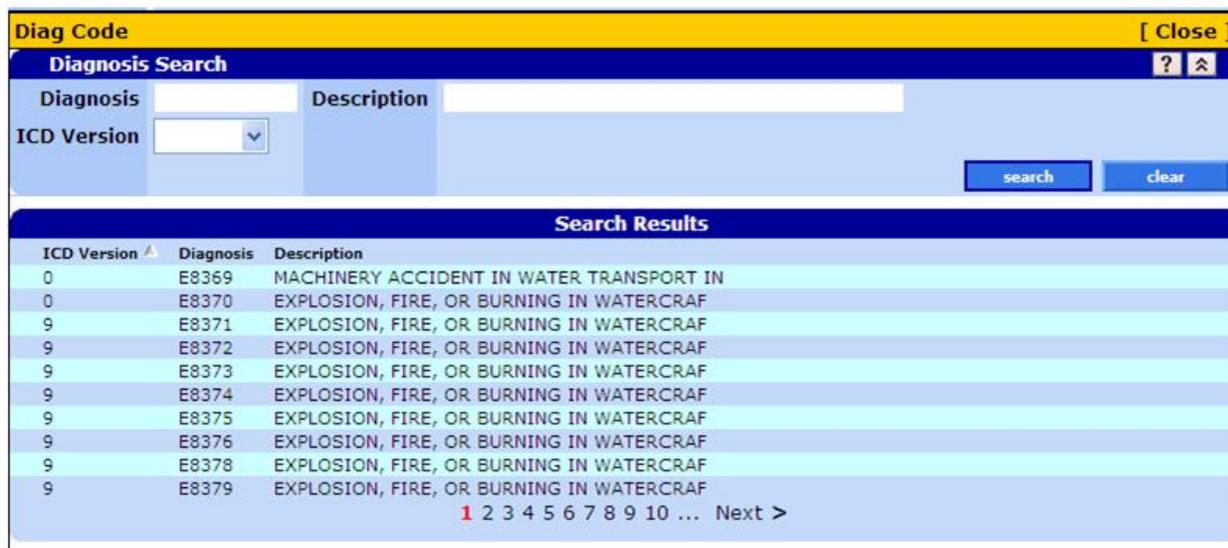
NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – (Select a claim form) – [Diagnosis Panel] – [Search] OR [Prior Authorization] – [(Select Search or New)] – [Search]

19.4.2 Diagnosis Search Panel Layout



19.4.3 Diagnosis Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the explanation of the medical condition.	Field	Alphanumeric	40

Field	Description	Field Type	Data Type	Length
Diagnosis	Code that identifies the Diagnosis (condition requiring medical attention). Represents a medical classification of a disease or condition according to ICD-9 /ICD-10.	Field	Alphanumeric	7
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Combo Box	Drop Down List Box	1

19.4.4 Diagnosis Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.4.5 Diagnosis Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.4.6 Diagnosis Search Panel Accessibility

19.4.6.1 To Access the Diagnosis Search Panel

Step	Action	Response
1	Click Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	If viewing a claim form, click Diagnosis . If viewing a prior authorization form, proceed to step 4.	If viewing a claim form, Diagnosis panel displays.
4	Click [Search] .	Diagnosis Search panel displays.

19.4.6.2 To Search on the Diagnosis Search Panel

Step	Action	Response
1	Enter Diagnosis or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.5 Drug Search Panel Narrative

The Drug Search panel will be displayed to allow users to search by a different NDC or Drug Name. After entering search criteria in the pop-up panel, simply select the desired result returned in the list and the Drug Information panel is populated with the related drug information.

Navigation Path: [NDC Look Up] – [Drug Name - Search]

19.5.6 Drug Search Panel Layout

The screenshot shows a 'Drug Search' panel with a yellow header and a blue footer. The search criteria are NDC (empty) and Drug Name (Ambien). There are 'search' and 'clear' buttons. Below the search criteria is a 'Search Results' section with a blue header and a message: 'Please Select a Row to see drug coverage and information'. The results table lists several Ambien products with their NDC numbers and descriptions.

NDC ▲	Drug Name
00024540131	AMBIEN 5 MG TABLET
00024542131	AMBIEN 10 MG TABLET
00024542150	AMBIEN 10 MG TABLET
00024550110	AMBIEN CR 6.25 MG TABLET
00024550131	AMBIEN CR 6.25 MG TABLET
00024552110	AMBIEN CR 12.5 MG TABLET
00024552131	AMBIEN CR 12.5 MG TABLET
00024552150	AMBIEN CR 12.5 MG TABLET

19.5.7 Drug Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Drug Name	Partial or complete label name of a drug to perform a search.	Field	Alphanumeric	40
NDC	National Drug Code number to perform a search.	Field	Number (Integer)	11

19.5.8 Drug Search Panel Field Edit Error Codes

Field	Error Message	To Correct
NDC and Drug Name	Please Enter At Least One Search Criteria.	No value entered in either field.
NDC	NDC Not Found.	Invalid NDC entered.

19.5.9 Drug Search Panel Extra Features

Field	Field Type
Pagination is provider up to 50 rows per page. A user may select any NDC record and the related drug information is displayed in the main Drug Coverage Information panel and the Drug Search Popup Panel remains open so that a user can search on another record.	

19.5.10 Drug Search Panel Accessibility

19.5.10.1 To Access the Drug Search Panel

Step	Action	Response
1	Enter search criteria and click search	If data returns more than 1 row then Drug Search Panel is displayed
2	Click on HyperLink beside Drug Name Search Button	Drug Search Panel is displayed without data for fresh search.

19.6 Modifiers Search

19.6.1 Modifiers Search Panel Narrative

The Modifiers Search pop-up panel allows for the search of a modifier.

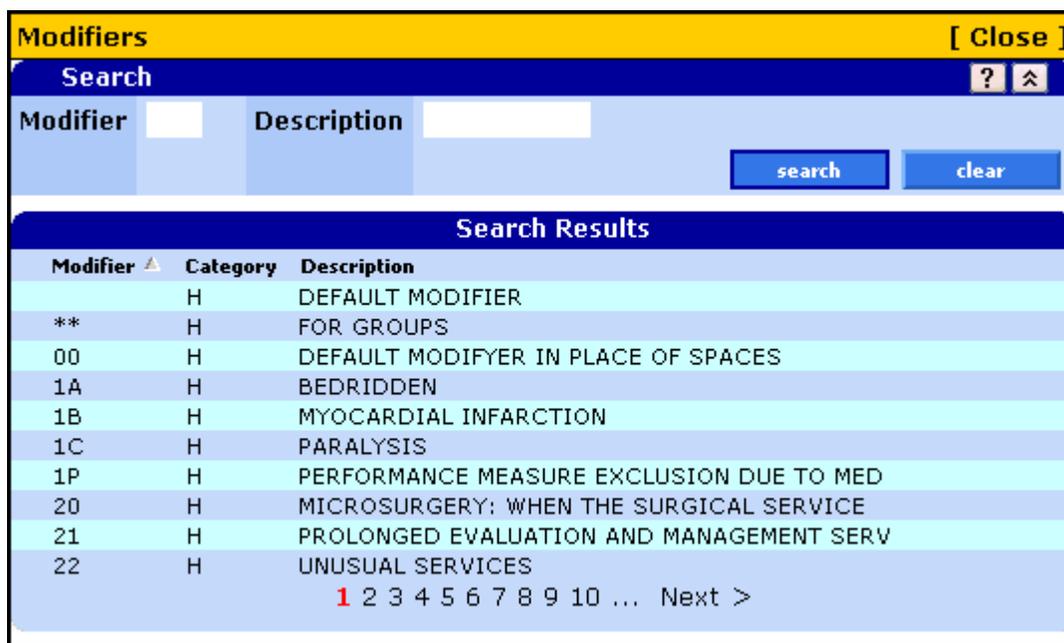
NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – (Select a claim form)] – [Detail Panel] – [Search] OR [Prior Authorization] – [(Select the Search or New form)] – [Search]

19.6.2 Modifiers Search Panel Layout



19.6.3 Modifiers Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Category	Displays whether the modifier is a HCPCS modifier or an Ambulance modifier.		Alphanumeric	1

Field	Description	Field Type	Data Type	Length
Description	Displays the short description of the modifier.	Field	Alphanumeric	40
Modifier	Displays the modifier.	Field	Character	2

19.6.4 Modifiers Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.6.5 Modifiers Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.6.6 Modifiers Search Panel Accessibility

19.6.6.1 To Access the Modifiers Search Panel

Step	Action	Response
1	Click Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	Click [Search] .	Modifiers Search panel displays.

19.6.6.2 To Search on the Modifiers Search Panel

Step	Action	Response
1	Enter Modifier or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.7 NDC Search

19.7.1 NDC Search Panel Narrative

The NDC Search pop-up panel allows for the search of a National Drug Code (NDC).

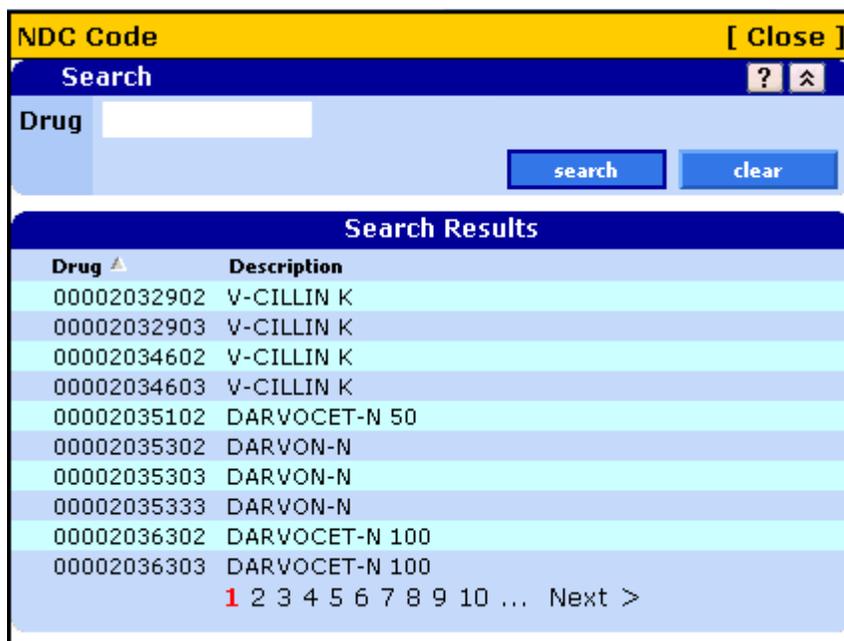
NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements. For example, prior authorization, max unit, non-preferred, recipient aid category and age limitations.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Pharmacy] – [Search]

19.7.2 NDC Search Panel Layout



19.7.3 NDC Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Description	Displays the brand name of the drug. The brand name is usually the drug name appearing on the package label and frequently is a trademark. If necessary, it is edited to fit space requirements. For non-branded generic products, the description is usually the generic name.	Field	Alphanumeric	35
Drug	Displays the National Drug Code (NDC).	Field	Alphanumeric	11

19.7.4 NDC Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.7.5 NDC Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.7.6 NDC Search Panel Accessibility

19.7.6.1 To Access the NDC Search Panel

Step	Action	Response
1	Click Claims.	Claims page displays.
2	Click Pharmacy.	Pharmacy Claim panel displays.
3	Select a row or click add on the Detail panel.	Detail panel is activated, displaying the NDC Code field.
4	Click [Search].	NDC Code Search panel displays.

19.7.6.2 To Search on the NDC Search Panel

Step	Action	Response
1	Enter Drug code.	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.8 Occurrence Code Search

19.8.1 Occurrence Code Search Panel Narrative

The Occurrence Code Search pop-up panel allows for the search of an occurrence code.

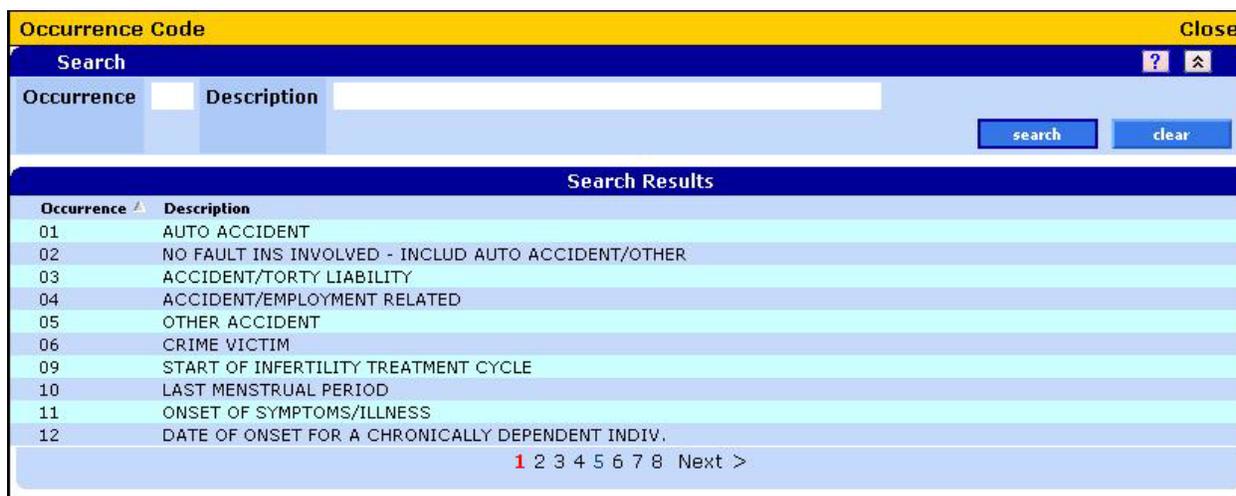
NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Occurrence] – [Search]

19.8.2 Occurrence Search Panel Layout



19.8.3 Occurrence Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of a significant event relating to a particular UB04 claim that may affect payer processing occurred.	Field	Alphanumeric	50
Occurrence	Displays the code which defines a significant event relating to a particular UB04 claim that may affect payer processing.	Field	Character	2

19.8.4 Occurrence Code Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.8.5 Occurrence Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.8.6 Occurrence Code Search Panel Accessibility

19.8.6.1 To Access the Occurrence Code Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Occurrence .	Occurrence panel displays.
4	Select a row or click add on the Occurrence panel.	Occurrence panel is activated, displaying the Occurrence Code field.
5	Click [Search] .	Procedure Search panel displays.

19.8.6.2 To Search on the Occurrence Code Search Panel

Step	Action	Response
1	Enter Occurrence or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.9 Patient Status Search

19.9.1 Patient Status Search Panel Narrative

The Patient Status Search pop-up panel allows for the search of a patient status code.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search]

19.9.2 Patient Status Search Panel Layout

19.9.3 Patient Status Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Alphanumeric	80

Field	Description	Field Type	Data Type	Length
Patient Status	Displays the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Character	2

19.9.4 Patient Status Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.9.5 Patient Status Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.9.6 Patient Status Search Panel Accessibility

19.9.6.1 To Access the Patient Status Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click [Search] .	Patient Status Search panel displays.

19.9.6.2 To Search on the Patient Status Search Panel

Step	Action	Response
1	Enter Patient Status or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.10 POS Search

19.10.1 POS Search Panel Narrative

The POS Search pop-up panel allows for the search of a Place of Service (POS).

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Dental or Professional)] – [Search] OR [Prior Authorization – (Select the Search or New form)] – [Search]

19.10.2 POS Search Panel Layout

19.10.3 POS Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the location where the medical assistance service was performed.	Field	Alphanumeric	50

Field	Description	Field Type	Data Type	Length
Place Of Service	Displays the location code where the medical assistance service was provided.	Field	Character	2

19.10.4 POS Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.10.5 POS Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.10.6 POS Search Panel Accessibility

19.10.6.1 To Access the POS Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Dental or Professional .	Dental or Professional Claim panel displays.
3	Click [Search] .	POS Search panel displays.

19.10.6.2 To Search on the POS Search Panel

Step	Action	Response
1	Enter Place Of Service or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.11 Prescriber License Search

19.11.1 Prescriber License Search Panel Narrative

The Prescriber License Search pop-up panel allows for the search of a prescriber license number.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Pharmacy] – [Search]

19.11.2 Prescriber License Search Panel Layout

The screenshot shows a web-based search interface. At the top is a yellow header with the text "Prescriber License" and a "[Close]" button. Below this is a blue header with "Prescriber License Search" and a help icon. The main search area has two input fields: "License Number" and "Name". To the right of these fields are two buttons: "search" and "clear". Below the search area is a table titled "Search Results". The table has columns for License Number, Name, Address 1, Address 2, City, State, Zip, Zip + 4, and County. The results list several providers, including KNIGHT JIM K and WRIGHT SALLY W, with their respective addresses and zip codes. At the bottom of the table is a pagination control showing "1 2 3 4 5 6 7 8 9 10 ... Next >".

19.11.3 Prescriber License Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address 1	Displays the provider's primary address.	Field	Alphanumeric	40
Address 2	Displays the provider's secondary address.	Field	Alphanumeric	20
City	Displays the provider's city.	Field	Alphanumeric	20

Field	Description	Field Type	Data Type	Length
County	Displays the provider's county code.	Field	Alphanumeric	2
License Number	Displays the provider's state license number.	Field	Character	10
Name	Displays the name of the provider who is issued the license number.	Field	Alphanumeric	50
State	Displays the provider's state.	Field	Alphanumeric	2
Zip	Displays the provider's zip code.	Field	Number (Integer)	5
Zip + 4	Displays the provider's zip + 4.	Field	Number (Integer)	4

19.11.4 Prescriber License Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.11.5 Prescriber License Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.11.6 Prescriber License Search Panel Accessibility

19.11.6.1 To Access the Prescriber License Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Pharmacy .	Pharmacy Claim panel displays.
3	Click [Search] .	Prescriber License Search panel displays.

19.11.6.2 To Search on the Prescriber License Search Panel

Step	Action	Response
1	Enter License Number or Name .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.12 Procedure Search

19.12.1 Procedure Search Panel Narrative

The Procedure Search pop-up panel allows for the search of a procedure code.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements. For example, this includes prior authorization, max unit, recipient aid category and age limitations.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Dental or Professional)] – [Search] OR [Prior Authorization – (Select Search or New)] – [Search]

19.12.2 Procedure Search Panel Layout

Procedure	Description	MedB NonCovered
0001F	HEART FAILURE ASSESSED	
0001T	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	
0002F	TOBACCO USE, SMOKING, ASSESSED	
0002T	AORTO-UNI-ILIAC OR AORTO-UNIFEMORAL PROS	
0003F	TOBACCO USE, NON-SMOKING, ASSESSED	
0003T	CERVICOGRAPHY	
0004F	TOBACCO USE CESSATION INTERVENTION, COUN	
0005F	TOBACCO USE CESSATION INTERVENTION, PHAR	
0005T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL	
0006F	STATIN THERAPY, PRESCRIBED	

19.12.3 Procedure Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the procedure.	Field	Alphanumeric	40
Procedure	Displays the code for the procedure.	Field	Alphanumeric	6

19.12.4 Procedure Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.12.5 Procedure Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.12.6 Procedure Search Panel Accessibility

19.12.6.1 To Access the Procedure Search Panel

Step	Action	Response
1	Click Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	Click [Search] .	Procedure Search panel displays.

19.12.6.2 To Search on the Procedure Search Panel

Step	Action	Response
1	Enter Procedure or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.13 Procedure ICDSearch

19.13.1 Procedure ICD Search Panel Narrative

The Procedure ICD Search pop-up panel allows for the search of an ICD surgical procedure code.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Procedure] – [Search]

19.13.2 Procedure ICD Search Panel Layout

19.13.3 Procedure ICD Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the Medical Description of surgical or diagnostic procedure.	Field	Alphanumeric	60
ICD	Displays the code which indicates a specific, surgical or diagnostic procedure.	Field	Character	7

Field	Description	Field Type	Data Type	Length
ICD Version	Code to denote which version of the ICD procedure code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1

19.13.4 Procedure ICD Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.13.5 Procedure ICD Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.13.6 Procedure ICD Search Panel Accessibility

19.13.6.1 To Access the Procedure ICD Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Procedure .	Procedures panel displays.
4	Select a row or click add on the Procedure panel.	Procedure panel is activated, displaying the Procedure field.
5	Click [Search] .	Procedure ICD Search panel displays.

19.13.6.2 To Search on the Procedure ICD Search Panel

Step	Action	Response
1	Enter ICD code or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.14 Provider ID Search

19.14.1 Provider ID Search Panel Narrative

The Provider ID Search pop-up panel allows for the search of a specific service location for a provider. This search applies to Rendering, Referring, Operating, Attending and Servicing Provider ID fields.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] - (Select a Dental, Institutional or Professional claim form)] – [Search] OR [Prior Authorization] – [New]

19.14.2 Provider ID Search Panel Layout

National Provider ID	Medicaid Provider ID	Name	Description	Address	City	State	Zip	Zip, 4
1500000000	509700060	PREMIER MANAGER	Physician	2880 D STREET	MOBILE	AL	30606	6063
1500000000	509700070	PREMIER MANAGER	Physician	3701 D STREET	MOBILE	AL	30608	6083

19.14.3 Provider ID Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address	Displays the provider's primary address.	Field	Alphanumeric	40
City	Displays the provider's city.	Field	Alphanumeric	20
Description	Displays the provider's type description.	Field	Alphanumeric	20
Name	Displays the provider's name.	Field	Alphanumeric	40
Medicaid Provider ID	Displays the Medicaid number of the provider.	Field	Alphanumeric	9

Field	Description	Field Type	Data Type	Length
National Provider ID	Displays the national identification number of the provider.	Field	Alphanumeric	10
Provider ID *	Displays the identification number of the provider.	Field	Alphanumeric	10
State	Displays the provider's state.	Field	Alphanumeric	2
Zip, 4	Displays the provider's zip code plus 4.	Field	Number (Integer)	5

19.14.4 Provider ID Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.14.5 Provider ID Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.14.6 Provider ID Search Panel Accessibility

19.14.6.1 To Access the Provider ID Search Panel

Step	Action	Response
1	Click Claims .	Claims page displays.
2	Select a Dental, Institutional , Professional claim form or Prior Authorization and then New .	Claim panel displays or Prior Authorization New panel displays.
3	Click [Search] .	Provider ID Search panel displays.

19.14.6.2 To Search on the Provider ID Search Panel

Step	Action	Response
1	Enter Provider ID, Address, City, State or Zip + 4 .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.15 Quadrant Search

19.15.1 Quadrant Search Panel Narrative

The Quadrant Search pop-up panel allows for the search of a tooth quadrant which is used for prior authorizations to identify the area of the mouth where services will be performed.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel] – [Search]

19.15.2 Quadrant Search Panel Layout

Search Results	
Tooth Quadrant	Description
00	ENTIRE ORAL CAVITY
01	MAXILLARY AREA
02	MANDIBULAR AREA
07	Entire Mouth
09	OTHER AREA OF ORAL CAVITY
10	UPPER RIGHT QUADRANT
20	UPPER LEFT QUADRANT
30	LOWER LEFT QUADRANT
40	LOWER RIGHT QUADRANT
L	LEFT

19.15.3 Quadrant Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	Clears the search criteria fields.	Button	N/A	0
search	Search button initiates the search results.	Button	N/A	0
Description	Displays the tooth quadrant code description.	Field	Alphanumeric	50
Tooth Quadrant	Displays the corresponding tooth quadrant code.	Field	Alphanumeric	3

19.15.4 Quadrant Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.15.5 Quadrant Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.15.6 Quadrant Search Panel Accessibility

19.15.6.1 To Access the Quadrant Search Panel

Step	Action	Response
1	Click Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click Prior Authorization and then New . If viewing the Prior Authorization New panel, click Next .	Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays.
3	Click [Search] .	Quadrant Search panel displays.

19.15.6.2 To Search on the Quadrant Search Panel

Step	Action	Response
1	Enter Tooth Quadrant or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.16 Revenue Code Search

19.16.1 Revenue Code Search Panel Narrative

The Revenue Code Search pop-up panel allows for the search of a revenue code.

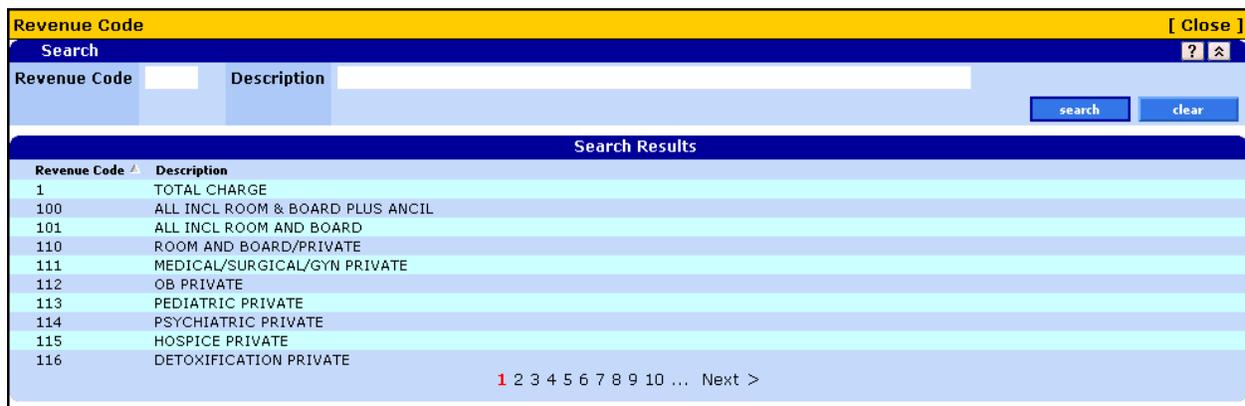
NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search] OR [Prior Authorization – New] – [click on Next from the Base Information panel] – [Search]

19.16.2 Revenue Code Search Panel Layout



19.16.3 Revenue Code Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search results.	Button	N/A	0
Description	Displays the specific accommodation or ancillary service.	Field	Alphanumeric	70
Revenue Code	Displays the revenue codes of specific accommodation or ancillary service.	Field	Number	4

19.16.4 Revenue Code Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.16.5 Revenue Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.16.6 Revenue Code Search Panel Accessibility

19.16.6.1 To Access the Revenue Code Search Panel

Step	Action	Response
1	Click Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click Institutional , or Prior Authorization and then New . If viewing the Prior Authorization New panel, click Next .	Institutional Claim or Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays.
3	Click [Search] .	Revenue Code Search panel displays.

19.16.6.2 To Search on the Revenue Code Search Panel

Step	Action	Response
1	Enter Revenue Code or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.17 Tooth Search

19.17.1 Tooth Search Panel Narrative

The Tooth Search pop-up panel allows for a search of a valid tooth number.

NOTE:

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel will be populated with the corresponding data.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel] – [Search]

19.17.2 Tooth Search Panel Layout

Tooth Number	Description
#	JL
1	UPPER RIGHT THIRD MOLAR
10	UPPER LEFT LATERAL INCISOR
11	UPPER LEFT CANINE (CUSPID)
12	UPPER LEFT FIRST PREMOLAR-1ST BICUSPID
13	UPPER LEFT SECOND PREMOLAR-2ND BICUSPID
14	UPPER LEFT FIRST MOLAR
15	UPPER LEFT SECOND MOLAR
16	UPPER LEFT THIRD MOLAR
17	LOWER LEFT THIRD MOLAR (WISDOM TOOTH)

19.17.3 Tooth Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the tooth number.	Field	Alphanumeric	40
Tooth Number	Displays the correspondent tooth number.	Field	Character	2

19.17.4 Tooth Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.17.5 Tooth Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.17.6 Tooth Search Panel Accessibility

19.17.6.1 To Access the Tooth Search Panel

Step	Action	Response
1	Click Prior Authorization .	Prior Authorization page displays.
2	Click New .	Base Information panel displays.
3	Click Next .	Line Item panel displays.
4	Click [Search] .	Tooth Search panel displays.

19.17.6.2 To Search on the Tooth Search Panel

Step	Action	Response
1	Enter Tooth Number or Description .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.18 User Name Search

19.18.1 User Name Search Panel Narrative

The User Name Search panel allows users to search for another user or clerk. The user can then select the desired user or clerk from the corresponding search results.

The User Name Search panel allows a provider or billing agent to identify an existing user so they may associate that ID to their billing NPI number, granting the clerk permission to act as their NPI number when submitting claims, prior authorization requests, etc.

Navigation Path: [Account] – [Clerk Maintenance] - [Search]

19.18.2 User Name Search Panel Layout

Search Results		
User Name ▲	First Name	Last Name
PHARMACYCLERK	Smith	Joe

19.18.3 User Name Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search results.	Button	N/A	0
First Name	Displays the first name of the user.	Field	Character	50
Last Name	Displays the last name of the user.	Field	Character	50
User Name	Displays the login identification of the user.	Field	Alphanumeric	20

19.18.4 User Name Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

19.18.5 User Name Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.18.6 User Name Search Panel Accessibility

19.18.6.1 To Access the User Name Search Panel

Step	Action	Response
1	Click Account .	Account page opens.
2	Click Clerk Maintenance .	Clerk Maintenance panel opens.
3	Click add clerk .	Activates the Clerk Maintenance panel.
4	Click [Search] .	Activates the User Name Search panel.

19.18.6.2 To Search on the User Name Search Panel

Step	Action	Response
1	Enter User Name .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

19.19 Group Member Provider ID Search

19.19.1 Group Member Provider ID Search Panel Narrative

The Group Member Provider ID Search panel allows users to search for group members enrolled under the Group Provider. The user can then select the desired Group Member from the corresponding search results.

19.19.2 Group Member Provider ID Search Panel Layout

Group Member National Provider ID	Group Member Medicaid Provider ID	Group Member Base Provider ID	Group Member Name	Address	City	State	Zip
1013974054	009204270	8958	DAVIS , DELINDA A	840 MONTCLAIR RD STE 617	BIRMINGHAM	AL	35213
1013974054	009606620	8958	DAVIS , DELINDA A	5243 OLD SP'VILLE RD #101	PINSON	AL	35126
1073618963	891000830	8958	PRECISE , HEATHER L	840 MONTCLAIR RD STE 617	BIRMINGHAM	AL	35213
1518924315	000036061	8958	BARRON , STEVEN D	840 ONTCLAIR RD STE 617	BIRMINGHAM	AL	35213
1518924315	009606640	8958	BARRON , STEVEN D	5243 OLD SPRINGVILLE RD	PINSON	AL	35126
1548226848	000085339	8958	TOWNSEND , LESLIE L	840 MONTCLAIR RD #617	BIRMINGHAM	AL	35213
1548226848	009606630	8958	TOWNSEND , LESLIE L	5243 OLD SPVILLE RD #101	PINSON	AL	35126
1639150303	101659	101606	LAW , ELIZABETH M	5243 OLD SPRINGVILLE RD	PINSON	AL	35126
1639150303	101660	101606	LAW , ELIZABETH M	840 MONTCLAIR RD	BIRMINGHAM	AL	35213
1831156603	009932700	8958	HOLT , ALLISON L	840 MONTCLAIR RD #617	BIRMINGHAM	AL	35213

19.19.3 Group Member Provider ID Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address	Display the primary address of Group Member Provider.	Field	Alphanumeric	30
Business or Last Name	Displays the Group Member Provider's Business or last name.	Field	Character	50
City	Displays city of Group Member Provider.	Field	Character	30
clear	This button clears the search criteria fields.	Button	N/A	0
First ,MI	Displays the Group Member Provider's first name, Middle Initial.	Field	Character	50
Group Member Base Provider ID	Displays Group Member Provider's Base Provider Identification Number.	Field	Alphanuemric	15
Group Member Name	Last Name, First Name and Middle Initial of Group Member Provider	Field	Character	50
Group Member National Provider ID	Displays the Group Member Provider's National Provider Identification Number.	Field	Alphanuemric	15

Field	Description	Field Type	Data Type	Length
Group Member Medicaid Provider ID	Displays the Group Member Provider's Medicaid Provider Identification Number.	Field	Alphanuemric	15
Provider ID	Displays the Group Member Provider's Provider ID.	Field	Alphanumeric	15
search	This button initiates the search results.	Button	N/A	0
State	Displays the Group Member Provider's state.	Field	Character	2
Zip	Displays the Group Member Provider's zip.	Field	Numeric	5

19.19.4 Group Member Provider ID Search Panel Field Edit Error Codes

Field	Error Message	To Correct
First ,MI	Business OR Last Name is required when searching on First and/or MI.	Please Enter Business OR Last Name.

19.19.5 Group Member Provider ID Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.19.6 Group Member Provider ID Search Panel Accessibility

19.19.6.1 To Access the Group Member Search Panel

Step	Action	Response
1	Click Trade Files - Download	File Download Search Panel opens.
2	Select " PRV-A035 - M-Provider Reenrollment Facsimile " from dropdown	"Group Member Provider ID" Field is displayed.
3	Click [Search] .	Opens "Group Member Provider ID Search" pop-up search.

19.19.6.2 To Search on the Group Member Search Panel

Step	Action	Response
1	Click search .	
2	Select row from search results.	Adds search result selected to the main panel.

20. Help

The EMC Helpdesk is available to providers and vendors to answer questions, or to address any problems which may occur while using the Interactive Services website. Providers may contact the EMC Helpdesk for help with the following issues:

- Initial User ID and Password
- Password Resets
- Connectivity Problems

The EMC Helpdesk can be contacted through one of the following sources:

Phone	Mail	Email
1(800) 456-1242 1(334) 215-4272 (fax)	HP Enterprise Services (HPES) Attn: EMC Helpdesk 301 Technacenter Drive Montgomery, AL 36117	AlabamaSystemsEMC@hp.com

NOTE:

The EMC Helpdesk can be reached Monday through Friday, 7:00 a.m. to 8:00 p.m. (CST); 9:00 a.m. to 5:00 p.m. on Saturdays; and 9:00 a.m. to 5:00 p.m. on all holidays.